

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WISCONSIN**

MARK D. CABAGUA,

Plaintiff,

v.

Case No. 24-cv-22-pp

HEALTH SERVICE UNIT MANAGER LUDWIG,
DR. VACHET, DDS,
MARIA PUNAL SMITH, DDS,
CINDY K. DENTAL ASSISTANT, AND
DR. PANOS, DIA DENTAL DIRECTOR.

Defendants.

**PROPOSED AMENDED COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42
U.S.C. § 1983**

I. JURISDICTION & VENUE

¹This is a civil action authorized by section 42 U.S.C. § 1983 to redress the deprivation, under color of state law, of rights secured by the Constitution of the United States. This Court has jurisdiction under 28 U.S.C. §§ 1331 and 1343(a)(3). Plaintiff Mark D. Cabagua (referred to hereinafter as “Cabagua”) seeks declaratory relief that is authorized under 28 U.S.C. §§ 2201 and 2202. Cabagua’s claims for injunctive relief are authorized by 28 U.S.C. §§ 2283 & 2284 and Rule 65 of the Federal Rules of Civil Procedure. The United States District Court for the Eastern District of Wisconsin is the

¹ Cabagua’s attached exhibits are labeled A through Z.

appropriate venue under 28 U.S.C. § 1391(b)(2) because it is where the events giving rise to the claim occurred.

II. PLAINTIFF

Cabagua is and was at all times mentioned herein a prisoner of the state of Wisconsin in the custody of Wisconsin Department of Corrections. (“WDOC”) Cabagua is currently confined at the Oshkosh Correctional Institution, P.O. Box 3310, Oshkosh, Wisconsin 54903-3310.²

III. DEFENDANTS

Defendant (1) – J. LUDWIG, (referred to hereinafter as “Ludwig”) is the Health Services Manager at OSCI for the WDOC, whose office is 1730 W. Snell Road, P.O. Box 3530, Oshkosh, WI 5490. Ludwig is responsible for the overall operation of the Health Service Unit (“HSU”). In addition, to see that no prisoner shall be intentionally denied or delayed access to dental care. Ludwig was aware that Cabagua was placed on the routine wait list on December 16, 2021. Ludwig stated, per DIA policy 500. 40. 21 routine dental care is to be completed within twelve (12) to eighteen (18) months, and that Cabagua’s wait time is within the acceptable period. Ludwig also explained that Cabagua would be called by priority and list order. Cabagua informed Ludwig that others similarly situated as Cabagua followed the same complaint procedure as Cabagua—filed their DSR form and was seen the next day. C. O’Donell, also explained that “[t]here is no wait list for up to 18 months.”

² When considering laypersons (pro se) litigants’ pleadings, the United States Supreme Court has held that “[a] document filed pro se is ‘to be liberally construed,’ ... however in-artfully pleaded, must be held to less stringent standard than formal pleading drafted by lawyers.” See *Estelle v. Gamble*, 429 U.S. 97, 106 (1976).

Ludwig was aware that Cabagua was not receiving adequate care according to DIA policy 500. 40. 21.

Defendant (2) – Dr. Vachet Eunice, DDM, (referred to hereinafter as “Vachet”) is the dentist at OSCI for the WDOC, whose office is 1730 W. Snell Road, P.O. Box 3530, Oshkosh, WI 54901. Vachet is responsible for the overall operation of the Dental Service Department at OSCI. In addition, to see that no prisoner shall be intentionally denied or delayed access to Dental care. Vachet is responsible for scheduling essential routine, routine, and prosthetic dental appointments. Vachet was aware that Cabagua was not receiving adequate care according to DIA policy 500. 40. 21., and failed to act on Cabagua pleas for help from the pain and suffering that he is continuing to endure.

Defendant (3) – Maria Punla Smith, DDS, (referred to hereinafter as “Smith”) is the dentist for the WDOC whose office is 1730 W. Snell Road, P.O. Box 3530, Oshkosh, WI 54901. Smith is responsible for the overall operation of the Dental Department at OSCI. Smith was aware that Cabagua was placed on the routine wait list on December 16, 2021. Smith also explained that Cabagua would be called by priority and list order. Smith took the Ex-rays on January 12, 2021, and explained that Cabagua’s tooth was dead and that it had to be removed, when in fact it wasn’t. Smith was aware that Cabagua was not receiving adequate care according to DIA policy 500. 40. 21.

Defendant (4) – Cindy K. is a dental assistant who is employed for the WDOC, whose office is 1730 W. Snell Road, P.O. Box 3530, Oshkosh, WI 54901. Cindy is responsible for the overall operation of the dental service department. Cindy is responsible to see that prisoners receive the same dental care as those in the general public. Cindy is also responsible to see that she does not subject any prisoner to cruel and unusual

punishment in violation of the Eighth Amendment or deny any prisoner the equal protection of the law in violation of the fourteenth Amendment.

Defendant (5) – Dr. Panos, (referred to hereinafter as “Panos”) is the Dental Director of the WDOC, whose office is located at 149 E. Wilson St., Madison, WI 53707-7925. Panos is responsible for the overall operation of the WDOC and each institution under his jurisdiction, including OSCI. Panos’ role is primarily administrative and strategic, focusing on policy-making, and budgeting, and overall department managing. Panos is legally responsible to see that prisoners received the same dental care as those people who are in the general public. He is legally responsible to see that his underlings, doctors and nurses do the same. In addition, Panos is legally responsible to insure that he and his underlings, doctors and nurses do not subject any prisoner to cruel and unusual punishment in violation of the Eighth Amendment or denied any prisoner the equal protection of the law in violation of the Fourteenth Amendment to the United States Constitution. Panos is responsible for adopting an unconstitutional policy, and failing to ensure that OSCI had adequate staffing and resources to address Cabagua dental needs, and others similarly situated.

Each defendant is being sued individually and in his or her official capacity. At all times mentioned in this complaint, each defendant acted under the color of state law.

IV. PREVIOUS LAWSUIT

- A.** Have you begun other lawsuits in state or federal court relating to the same facts involved in this action? **NO.**
- B.** Have you begun other lawsuits in state or federal court relating to your imprisonment? **NO.**

V. PLACE OF RESIDENCE

Mark D. Cabagua is a resident of the State of Wisconsin, at the time of the events alleged in the complaint, he was in legal custody of the Wisconsin Department of Corrections, housed at Oshkosh Correctional Institution.

VI. EXHAUSTION OF LEGAL REMEDIES

Cabagua used the prison grievance procedure available at Oshkosh Correctional Institution. On February 15, 2023, Cabagua presented the facts relating to his complaint. (Ex.: O 1-3). On March 23, 2023 Cabagua was sent the response stating his claims had been denied. (Ex.: P). On March 28, 2023, Cabagua appealed the denial of that grievance. On April 5, 2023 the office of the secretary C. O'Donnell affirmed Cabagua's appeal, and held that Cabagua has not been seen timely for restorative treatment in accordance with policy. See (Ex.: E 1-2).

VII. FACTUAL ALLEGATIONS

Cabagua hereby declares, on July 21, 2013, Cabagua filed a Dental Service Request ("DSR"), informing the dental staff at OSCI that he was in need of dental services. Specifically, Cabagua explained that his previous examination from Dodge Correctional Institution stated that Cabagua was in need of several teeth filled. See (Ex.: A) and (Ex. B: 1-2). See also (Ex.: C), first DRS form filed at OSCI providing that Cabagua had routine dental and chronic dental needs.

On July 22, 2013, Cabagua was seen by Linneman and had one of his teeth filled. Cabagua notes, that the other teeth that need to be filled never got any attention. Cindy K. explained that Cabagua would be put on the routine waiting list to have the other teeth filled.

On January 3, 2016, Cabagua submitted another DSR form explaining that the last tooth that was filled broke, and that it was causing him extreme pain. Additionally, Cabagua explained that two other fillings fell out and would like to have them fixed before they got infected and had to be extracted. See (Ex.: F 1). On January 4, 2016 tooth #4 had to be extracted because it was not tended to in a timely manner. See (Ex.: F 2). See also (Ex.: F 3), dental examination showing that Cabagua's teeth were in need of treatment.

On January 12, 2016, Cabagua submitted another DRS form explaining that a piece of the previous tooth that was extracted was still imbedded in his gum, that the gum area was infected, and that Cabagua was in severe pain and discomfort. See (Ex.: G 1-2).

On February 12, 2017, Cabagua submitted another DSR form explaining that the other four fillings were causing him pain and discomfort, and that he was in need of dental care as soon as possible. Cabagua had been on the routine waiting list since January 4, 2016 and was very concerned about his teeth because they were causing him pain, and he did not want to have any more teeth extracted. See (Ex.: H).

On April 26, 2017 Cabagua wrote another DSR form explaining that one tooth that need to be filled broke and was in need of care, and that the other three teeth that need to be filled were causing Cabagua severe pain. See (Ex.: I). On April 27, 2017, Cabagua was seen by Dr. Domrois and had tooth # 20 filled—the other three teeth were not tended to. Again, Cabagua submitted another DSR form informing dental staff that the other teeth still were causing him pain.

On June 21, 2017, Cabagua was seen by Demrois because he was experiencing a lot of pain on the tooth that never received any treatment. On this appointment Demrois

explained that he would fill tooth #15 and #20, and that if the teeth start throbbing and causing Cabagua pain the teeth would have to be extracted. See (Ex.: J 1-2).

On February 27, 2018, Cabagua filed another DSR form explaining that tooth #15 and #20 that just got filled were causing him extreme pain and discomfort. On February 28, 2018, Tooth #15 and #20 had to be extracted because they were not tended to on several previous appointments. Cabagua also explained that his other three teeth were causing him pain and discomfort. Cindy K. explained that Cabagua would be placed on the routine wait list. See (Ex.: K).

On December 14, 2020, Cabagua submitted another DSR form stating that his tooth was deteriorating at a severe rate, and that he was in severe pain. Again, Cabagua was put on the routine waiting list. On January 20, 2021, Cabagua submitted another DSR form explaining that his tooth is still deteriorating at an alarming rate, and requested to be seen as soon as possible. Consequently, to Cabagua's detriment, he was told that he was on the routine waiting list. On March 15, 2021, Cabagua filed another DSR form complaining that his tooth continues to get worse—he pleaded with the dental service department to please help! Because Cabagua was in a great deal of pain. Cabagua also pleaded that he does not want the tooth to get infected and have to be extracted. On April 8, 2021, Cabagua filed another DSR form continuing to complain that his tooth continues to get worse. In addition, Cabagua explained that the tooth next to the one that was deteriorating has also started to deteriorate—Cabagua pleaded for help because he did not want to lose anymore teeth. See (Ex.: L 1-4), Cabagua's DSR forms pleading for help. Cabagua notes that he was on the routine list since February 27, 2018.

Finally, on April 20, 2021, Cabagua was seen by Dr. Vachet and Cindy K., Cindy K., explained to Cabagua that the teeth that he had been complaining about are dead, and have

to be extracted. Vachet explained that she would be able to save tooth #11. And she in fact saved tooth #11. See (Ex.: M 1-7). However, Dr. Vachet did not provide any treatment to the other teeth that needed to be filled, and Vachet gave no explanation as to why no treatment was to be provided—just that Cabagua would be on the routine wait list.

On April 28, 2021, Cabagua had a dental visit with DR. Kinziger, Kinziger explained that tooth #3, #12, and #31 had to be extracted because the teeth were dead. Dr. Kinzinger's notes are also contained in (Ex.: M 1-7.)

On June 20, 2021, Cabagua filed another DSR form explaining that the area where the last tooth was extracted was causing him pain, and it felt like some of the tooth was still embedded in his gum. See (Ex.: N 1).

On November 2, 2021, Cabagua was seen by Kluess to have his teeth cleaned. Kluess explained that Cabagua needed three of his teeth filled, and that his front tooth was also deteriorating, and to put in a DSR form as soon as possible to have it fixed and filled. Cabagua notes, that Kluess stated that Tooth #3 was not dead and could be restored. See (Ex.: M 1-7), Cindy K. and Vachet stating tooth #3 was none restorable. Also, the X-Rays located at OSCI also confirm that tooth #3 is not dead. X-Rays are labeled as (Dent Sply Rinn #21-6070 4BW).

³After Cabagua's November 2, 2021 appointment, Cabagua filed several DSR forms explaining that he was in pain and discomfort—Cabagua pleaded and begged with dental

³ Cabagua was on the routine wait list from July 22, 2013; till January 3, 2016; from January 12, 2016; till February 27, 2018; from February 27, 2018; till December 14, 2016; December 14 2020; till November 2, 2021. Cabagua's last DRS form was submitted on October 10, 2023. Cabagua has been in pain and discomfort since December 16, 2021. It's been almost four years (4) since Cabagua was last seen.

staff for help because he did not want to lose anymore teeth, or have any more sleepless nights due to the pain and discomfort. See Cabagua's fourteen (14) DSR forms pleading for help. (Ex.: N 1-14.)

IX. STANDARD OF REVIEW FOR DELIBERATE INDIFFERENCE

The Eighth Amendment prohibits cruel and unusual punishment; that guarantee and encompasses a prisoner's right to medical care. It is well established that "deliberate indifference to serious medical needs of prisoners constitutes the unnecessary and wanton infliction of pain proscribed by the Eighth Amendment." *Estelle v. Gamble*, 429 U.S. 97, 104, 97 S.Ct. 285, 50 L.Ed.2d 251 (1976) (quotation marks and citation omitted). This principle applies equally to dental care. *Berry v. Peterman*, 604 F.3d 435, 440 (7th Cir. 2010). But negligence, even gross negligence, does not violate the Constitution. *Estelle*, 429 U.S. at 105–06, 97 S.Ct. 285; *Knight v. Wiseman*, 590 F.3d 458, 463 (7th Cir. 2009). Only deliberate indifference or worse in the face of a serious medical need will do. *Estelle*, 429 U.S. at 103–04, 97 S.Ct. 285; *Hayes v. Snyder*, 546 F.3d 516, 522 (7th Cir.2008). A delay in treatment may constitute deliberate indifference if the delay exacerbated the injury or unnecessarily prolonged an inmate's pain. *Estelle*, 429 U.S. at 104–05, 97 S.Ct. 285; *Gayton v. McCoy*, 593 F.3d 610, 619 (7th Cir. 2010); *Edwards v. Snyder*, 478 F.3d 827, 832 (7th Cir.2007).

The Seventh Circuit has held that "dental care is one of the most important medical needs of inmates." *Board v. Farnham*, 394 F.3d 469 (7th Cir. 2005) See *Wynn*, 251 F.3d at 593; (*Ramos v. Lamm*, 639 F.2d 559, 567 (10th Cir. 1980)). In addition a number of other courts have also held that dental pain accompanied by various degrees of attenuated medical harm may constitute an objectively serious need. See *Fields v. Gardner*, 734 F.2d 1313 1314–15 (8th Cir. 1984); *Penroid v. Zavaras*, 94 F.3d 1399 1406 (10th Cir. 1996)

(recession or bleeding of the gums); *Boyd v. Knoxs*, 47 F.3d 966, 969 (8th Cir. 1995) (deterioration of the teeth due to the lack of treatment); *Hunt v. Dental Dep't*, 865 F.2d 198, 200 (9th Cir. 1989) (an inference with ability to eat) (citing *Board v. Farnham*, 394 F.3d 469 (7th Cir. 2005)).

A. ARGUMENT

Cabagua argues that Dr. Vachet, Dr. Smith, Cindy K., and Panos were deliberately indifferent to his dental needs. The WDOC has an affirmative duty to provide adequate dental and medical care to their inmates. *Estelle v. Gamble*, 429 U.S. 97, (1976). This includes claims involving inadequate dental care. See *Board v. Farnham*, 394 F.3d at 477-78. And this duty is that the “deliberate indifference to [the] serious medical need of prisoners constitutes the ‘unnecessary and wanton infliction of pain’” and violates the Eighth Amendment’s prohibition against cruel and unusual punishments. *Id.* at 104. Specifically, to be deliberately indifferent, an official must both (1) *know* about a risk to an inmate and (2) fail to respond reasonably to that risk. Knowledge of a risk and an unreasonable response are elements of all failure-to-protect, medical care, and conditions claims.

On June 22, 2009, Cabagua had his teeth examined by Rosenthal, the examination provided that Cabagua was in need of seven teeth filled. Specifically, tooth #3, #4, #6, #14, #15, #18, and #20 were in need of treatment. See (Ex.: A and B 1-2).

On July 21, 2013, Cabagua filed another DSR informing the dental staff that he was in need of dental services. See (Ex.: C). Specifically, Cabagua explained that the hole in his tooth was getting bigger and would like to get it fixed as soon as possible. On July 22, 2013, Cabagua was seen by Dr. Linneman and had the tooth that was cracked extracted,

because it was not tended to in a timely manner. See (Ex.: D). Cabagua asked Linneman and Cindy K. about the other teeth that needed to be filled, and Linneman and Cindy K. gave no explanation to why Cabagua's other teeth got no treatment. Smith explained that Cabagua would be on the waiting list for restorative work. Cindy K. is responsible for placing Cabagua on the routine wait list. On July, 22, 2023. Cindy K. knew of the delay, and that Cabagua was not receiving adequate care. See *Shields v. Dart*, 664 F.3d 178, 181 (7th Cir. 2011) (a defendant is deliberately indifferent, when the defendant knows of the harm.) See also *Hildebrandt v. Ill. Dept. of Nat. Res.*, 347 F.3d 1014, 1039 (7th Cir. 2003) (liability attaches when the defendant causes or participates in the constitutional violation.)

Cabagua was seen on July 22, 2013 for a priority appointment by Linneman. Cabagua notes, C. O'Donnell, provided "[a]n inmate patient may be on the wait list for which a request has been received and may be on more than one list. If an inmate patient sends an urgent request, and is already on the routine wait list, the inmate patient is place on the urgent list but also remains on the routine list." See (Ex.: E 1-2), office of the secretary's decision. From July 22, 2013, Cabagua was placed on the routine wait list, and was seen for several emergency appointments.

Cabagua filed another DSR form on January 3, 2016, explaining that one of his teeth that needed to be filled broke and was causing him a great deal of pain, and two other teeth needed to be filled. See (Ex.: F 1-2-3). Consequently, the tooth that broke had to be extracted because it was not tended to in a timely manner. See *Boyd v. Knoxs*, 47 F.3d 966, 969 (8th Cir. 1995) (deterioration of the teeth due to the lack of treatment). Cabagua also notes, the two other teeth that needed to be filled did not receive any treatment—with no explanation as to why. It would not have been difficult to have provided Cabagua treatment upon his several requests. Due to the delay of treatment Cabagua lost several of his teeth. There could be no legitimate reason related to safety or security for failing to provide treatment. See e.g., *Hoptowit v. Ray*, 682 F.2d 1237, 1252-54 (9th Cir. 1982) (Eighth

Amendment violation because of inadequate staffing, organization of health care system, access to care, medication distribution system, medical records, and facilities.

On January 12, 2016, Cabagua submitted another DSR form explaining that a partial piece of tooth #20, which supposedly got extracted remained embedded in Cabagua's gum—the tooth started to bleed. Cabagua was unable to eat and felt very sick, hot, and dizzy. On January 13, 2016, nine days later, Cabagua was seen and had the rest of the tooth extracted. See (Ex.: G 1-2). Again, at this appointment Cabagua pleaded with the dental staff to have the other teeth that needed to be filled, filled. Cindy K. explained that I would be on that waiting list.

On February 12, 2017, Cabagua submitted another DSR form explaining that he has four teeth that are in need of fillings—Dental staff explained, “we will schedule you when your name comes up.” See (Ex.: H). Cabagua had been on the list since January 3, 2016. See (Ex.: F).

It is respectfully submitted, that Cabagua suffered from continued pain, loss of teeth, discomfort, anxiety, and infection. The above defendant's consciously failed to take reasonable measures. From the above pleadings, Cabagua provided that his medical condition was serious—that there was a likelihood of immense and further harm; and that there was ease and efficacy of providing treatment. See *Roe v. Elyes*, 631 F.3d 843, 859 (7th Cir. 2011); *McGowan v. Hulick*, 612 F.3d 636, 640 (7th Cir. 2010). Vachet, and Cindy K. failed to take reasonable measures to provide treatment for Cabagua's dental needs. The defendants were aware of Cabagua's need for dental services, from his continued complaints of pain and discomfort. See *Thomas v. Cook, Count, Sheriffs dep't*, 588 F.3d 455 (7th Cir. 2009) (jury could infer awareness from complications); *Cayton v. McCoy*, 593 F.3d 610, 623-24 (7th Cir. 2010).

On April 26, 2017 Cabagua filed a DSR form explaining since his last DSR form tooth #15 broke and three other teeth hurt real bad. See (Ex.: I). Two months later, Cabagua was seen by Dr. Domoris, he explained that tooth #15 needed a “very deep filling” and if it gave Cabagua any trouble after he filled it, that it may have to be removed. See (Ex.: J 1-2).

On February 27, 2018, eight months latter, Cabagua filed another DSR form explaining that he was experiencing severe pain from tooth #15 and that another tooth was giving him pain. Tooth #15 was extracted on February 28, 2018, because it was not tended to in a timely manner. See (Ex.: K). If Cabagua would have had his teeth filled before his January 13, 2016 appointment, and in accordance with DOC policy, Cabagua would still have his teeth. It’s clear that that defendant’s judgement not to repair Cabagua’s teeth while he was seen on several prior appointments—coupled with no explanation as to why they did not perform any work on Cabagua’s teeth was “blatantly inappropriate” and a substantial departure from accepted professional judgement, practice or standards. Cabagua provide that his medical condition was serious—that there was a likelihood of imminent of further harm, and that there was the ease and efficacy of providing treatment. From February 27, 2018, until December 14, 2020, Cabagua continued to be in pain and discomfort from the other teeth that needed to be filled.

On December 14, 2020, Cabagua filed another DSR form explaining that one of his teeth that needed to be filled was deteriorating at a sever rate—and needed treatment so that it would not get infected and have to be extracted. See (Ex.: L 1-2-3-4), Cabagua’s several DSR form pleading for help because he did not want to lose anymore teeth. Finally, on April 20, 2021, Cabagua was seen by Dr. Vachet, she explained that the tooth that was deteriorating is dead—she explained tooth #3, #11, #13, #12, and #31 are also dead and were in need of extraction. However, Dr. Vachet stated that she would save tooth #11, and she in fact saved tooth #11. However, tooth #12 and #31 had to be extracted. Cabagua

refused to have tooth #3 extracted because it didn't hurt as bad as the others. See (Ex.: M 1-7).

Cabagua was also informed by dental service not to eat anything that would cause his teeth to chip or break. Therefore, Cabagua is unable to eat apples, nuts, or chips to prevent his teeth from further damage. Apples and chips are almost served daily as part of the WDOC diet structure. Consequently, Cabagua is still being deprived from eating the proper diet, because his front tooth and two others need to be filled. Therefore, Cabagua is being treated differently from others similarly situated, thereby altering the daily activities of Cabagua. See *Gutierrez v. Peters*, 111 F.3d 1364, 1373 (7th Cir. 1997). Cabagua also had to endure significant pain and discomfort for many years. See also *Cooper v. Casey*, 97 F.3d 914, 916-17 (7th Cir. 1996). Cabagua's continued complaints of pain, and the need for assistance—coupled with the documents providing that Cabagua's teeth were in need of attention; provide that the defendant's failed to take reasonable measures to provide treatment for Cabagua's serious dental needs. The irreplaceable teeth that Cabagua has lost, proved that DIA Policy 500. 40. 21, was violated a number of times, and Cabagua's pleadings should be sufficient to shows that the defendant's actions were ineffective and that their actions were inappropriate.

In any event, other similarly situated as Cabagua followed the institution's grievance procedure, and the DOC's Office of the Secretary C. O'Donnell agreed that Jacob Anderson was not seen in a timely manner. See (Ex.: X), Anderson's DRS form. See also (Ex.: W 1-2), Anderson's inmate complaint. More importantly, Dr. Smith provided care to Mr. Anderson before she provided care to Cabagua. Clearly, Dr. Smith, discriminately decides who receives dental service and who does not. As a consequence of Dr. Smith's actions, Cabagua suffered from intense pain for years—and loss of teeth. Cabagua continues to suffer from pain, loss of teeth, discomfort, and anxiety in violation of Cabagua's constitutional rights. Dr. Smith should follow a reasonable method of

systematically scheduling and handling dental examinations, fillings, extractions, dentures, root canal needs, and gum treatments—not just deciding in her own discretion who receives treatment and who does not. It’s clear that the above defendants failed to take reasonable measures to provide medical treatment for Cabagua’s serious medical need. Dr. Smith’s actions are a substantial departure from accepted professional judgement. Dr. Smith was indeed aware of Cabagua’s serious dental needs from his symptoms and continued complaints. See *Thomas v. Cook Cnty. Sheriffs Dept*, 588 F.3d 455 (7th Cir. 2009) (Jury could infer awareness from complication of symptoms plaintiff exhibited and his complaints); *Gayton v. McCoy*, 593 F.3d 610, 623-24 (7th Cir. 2010) (same). Clearly, the X-Rays provide that Cabagua’s teeth were and are in need of care. X-Rays are contained in Cabagua’s dental file located at OSCI, as a pro se inmate Cabagua was unable to secure the X-Rays and submit them as Exhibits. Cabagua will provide them in his production of documents motion. X-Rays are labeled DCI Det. Suply. Rinn # 21-6070. 4BW.

On November 2, 2021, Cabagua was seen by Kluess to have his teeth cleaned. Kluess explained that Cabagua needed three of his teeth filled, and that his front tooth was also deteriorating, and to put in a DSR form as soon as possible to have them fixed and filled. Cabagua notes, that Kluess stated that Tooth #3 was not dead and could be restored. See (Ex.: M-1), Cindy K and Vachet stating tooth #3 was none restorable. Also the X-Rays located at OSCI also confirm that tooth #3 is not dead. The defendants knew that Cabagua’s teeth were in need of care. See *Shields v. Dart*, 664 F.3d 178, 181 (7th Cir. 2011) (a defendant is deliberately indifferent, when the defendant knows of the harm.) See also *Hildebrandt v. Ill. Dept. of Nat. Res.*, 347 F.3d 1014, 1039 (7th Cir. 2003) (liability attaches when the defendant causes or participates in the constitutional violation.)

After Cabagua’s November 2, 2021 appointment, Cabagua filed several DSR forms explaining that he was in pain and discomfort—Cabagua pleaded an begged with dental

staff for help because he did not want to lose anymore teeth or have any more sleepless nights due to the pain and discomfort. See Cabagua's fourteen (14) DSR forms pleading for help (Ex.: N 1-14).

In this case, O'Donnell, provided "[a]n inmate patient may be on the wait list for which a request has been received and may be on more than one list. If an inmate patient sends an urgent request, and is already on the routine wait list, the inmate patient is place on the urgent list but also remains on the routine list." See (Ex.: E 1-2), office of the secretary's decision. O'Donnell clearly provided that Cabagua was not seen in accordance with DIA policy, therefore the delay in dental care, coupled with the defendant's knowing of Cabagua's suffering, support a finding of an Eighth Amendment violation. See *Boyd v. Knox*, 47 F.3d 966, 969 (8th Cir. 1995) ("A three-week delay in dental care, coupled with knowing of inmate-patient's suffering, can support a finding of an Eighth Amendment violation...") Cabagua has suffered far much longer than three weeks. See also *Hartsfield v. Colburn*, 371 F.3d 454, 457 (8th Cir. 2004) (dental pain, bleeding, swelling, ect., "constituted a need for medical attention that would have been obvious to a lay person, making submission of verifying medical evidence unnecessary").

Dr. Panos rubber-stamped the denial of Cabagua's initial complaint on February 23, 2023. See (Ex.: P and S). It's clear that Panos' decision was based on the findings drafted by Ludwig. Ludwig was aware that Cabagua was placed on the routine wait list on December 16, 2021. Ludwig stated, per DIA policy 500. 40. 21 routine dental care is to be completed within twelve (12) to eighteen (18) months, and that Cabagua's wait time is within the acceptable period. Ludwig also explained that Cabagua would be called by priority and list order. Cabagua informed Ludwig that others similarly situated as Cabagua followed the same complaint procedure as Cabagua—filed their DSR form and was seen the next day. C. O'Donell, also explained that "[t]here is no wait list for up to 18 months." Further, Panos changed his opinion, providing that "the correct policy that applies her is

500. 40. 21. See (Ex.: E 1-2). As the DIA dental director, Panos should have an awareness of DIA policy, the policy is not subtle or intricate. Due to Panos' scant review of Cabagua's pleadings provide that his actions were "blatantly inappropriate," thereby, leaving Cabagua to suffer prolonged pain and discomfort. See e.g., *Ortiz v. Webster*, 655 F.3d 731, 735-36 (7th Cir. 2011); *Gil v. Reed*, 535 F.3d 551, 557 (7th Cir. 2008) (finding the court is reluctant to surrender to a medical professionals judgement if he has changed his opinion). Also, Panos should also have unawareness of the delays at all Wisconsin institutions that he over sees.

On July 26, 2022 Cabagua was seen by Smith and Cindy K. for pain in teeth #9, #21, #27, and #28. Cabagua explained to Smith and Cindy K. that Kluess provided that the above teeth were "in need of treatment". Smith and Cindy K. responded "no she did not she wouldn't say that!!!" At this appointment Smith and Cindy were aware of Cabagua's dental needs. Cabagua notes, Kluess stated that tooth #3 could be saved, with no mention that tooth #3 had extensive mesial caries and could not be replaced. Several circuits have recognized that a cavity is a degenerative condition, and if left untreated, it is likely to produce agony, and require more invasive and painful treatments, such as root canal therapy or extraction.

At the above appointment, Cindy K. conducted the X-Rays, and informed Smith that tooth twenty-one (21) had an abscess. Smith preformed a series of tests on tooth #20 and #21. Smith also informed Cabagua that tooth #21 had an abscess and was in need of extraction. Cabagua refused extraction and signed a refusal. See Respondent's (Ex. 1002-001). The findings made by Smith and Cindy are severely misleading. In fact, Smith under 28 U.S.C 1746, declared under penalty of perjury that her foregoing declarations are true and correct, (Dkt. 22:P14). Therefore, Smith committed perjury, and Cindy K. stood by and turned a blind eye to Smith's wrongdoing, this is not negligent behavior, this is intentional wrongdoing that violates the Eighth Amendment. Also, Cindy preformed the

X-Rays and provided the findings to Smith at each and every appointment. In any event, any dentist or assistant knows that a tooth abscess need prompt treatment. If left untreated the infection could close off the airway to the nose and cause death.

Defendants may argue that Cabagua was taken off the routine wait list. However, as stated above, “[a]n inmate patient may be on the wait list for which a request has been received and may be on more than one list. If an inmate patient sends an urgent request, and is already on the routine wait list, the inmate patient is place on the urgent list but also remains on the routine list.” See (Ex.: E).

In this case, Cabagua did not object to a particular course of treatment, Cabagua alleges that the above defendants knew of the delay, and that Cabagua suffered from pain and discomfort from several of his teeth, from his continued submission of DSR forms requesting dental care. To Cabagua’s detriment he previously lost several teeth due to the lack of dental care, and the delay of treatment. Cabagua also had to endure pain, discomfort, and many sleepless nights. Despite the defendant’s knowledge of Cabagua’s continued complaints that he was experiencing pain and discomfort, and that his teeth were deteriorating at a sever rate—the defendants continued to wait several months before providing treatment. When Cabagua was finally seen it was too late, the teeth were infected and had to be extracted.

Cabagua had tooth #3 extracted because it stated causing him extreme pain after his 2024 visit. Cabagua still has three (3) caries that need treatment, and they are still causing him pain, discomfort, and sleepless nights. Cabagua is in fear of losing his front tooth and two other teeth that need treatment. The wait time to have the teeth filled is over two years long, there is no way that the teeth will make it that long, my front tooth continues to deteriorate at an alarming rate. Moreover, in order to be placed on the list to receive partial

teeth, you have to have all fillings complete, then from that point there is a two year waiting list to get partial teeth. See (Ex. Z#3) Smith, Stating that Cabagua is “not eligible to request partials until all fillings are completed. Cabagua pointed to DAI Policy 500. 40.21, which causes systemic delays in treating Cabagua, and others similarly situated. In fact, Maria Pulna Smith, DDS, provided ample evidence that support Cabagua’s contentions. See Dkt. 22 P13 at 58. Smith stating that “[i] have been working on catching up on the waiting list since I returned to Oshkosh in 2021. Only so many patients can be seen in the course of the day. With a dentist patient ratio of 1:2200, and given the number of patients we have in pain each day, the 40 week Dashboard goal outlined in DAI Policy#:500. 40. 21 will not be able to be met.” Cabagua cannot chew most of the food provided, because it makes the roof of his mouth swollen and painful.

CONCLUSION

Cabagua asks that court to please order the DOC to provide immediate dental care for Cabagua’s serious dental needs, because he has few teeth left to lose.

RELIEF REQUESTED

WHEREFORE, Mr. Cabagua respectfully asks that this court enter a judgment granting him the following relief:

1. A declaration that the acts and omissions described herein violated Cabagua’s rights under the United States Constitution and the Laws of the United States.
2. Nominal damages against each named defendant and each of them jointly and severally in the amount of \$95,000.
3. Compensatory damages for against each named defendant and each of them jointly and severally in the amount of \$95,000.

4. Punitive damages against each named defendant and each of them jointly and severally in the amount of \$95, 000.

5. A Jury Trial on all issues triable by Jury.

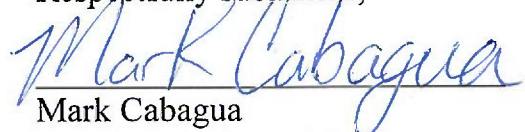
6. Plaintiff. Cabagua's costs in the suits.

7. Any additional relief this Court deems just, and proper, and equitable.

8. Request that all restitution and court costs be paid in full.

Dated at Oshkosh, Wisconsin, this 19th day of November, 2024.

Respectfully submitted,

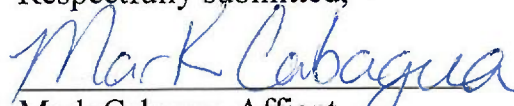

Mark Cabagua
Layman (*Pro Se*) Litigant

VERIFICATION

I have read the foregoing complaint and hereby *declare* that the matters alleged herein are true, except as matters alleged on information and belief, and as to those, I believe them to be true. I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 19th day of November, 2024.

Respectfully submitted,


Mark Cabagua-Affiant

DENTAL EXAMINATION AND RECORD CHART

PATIENT NAME (LAST) (FIRST) DOC NUMBER SEX DOB (dd/mm/yy) FACILITY DATE ADMITTED

CABAGUA, Mark D. 498939 M 18 Jul 75 DCI 6/15/09

RACE ☐ White ☐ Black ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Other ETHNICITY ☐ Hispanic ☐ Non-Hispanic

MISSING TEETH & EXISTING RESTORATIONS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
A B C D E F G H I J

LINGUAL

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
T S R Q P O N M L K

SOFT TISSUE EXAMINATION WNL COMMENTS

LYMPH NODES

PHARYNX

TONSILS

SOFT PALATE

HARD PALATE

FLOOR OF MOUTH

LIPS

SKIN

TMJ

TONGUE

VESTIBULES

BUCCAL MUCCOSA

ORAL HYGIENE ☐ Excellent ☐ Good ☒ Fair ☐ Poor

CALCULUS ☐ None ☒ Little ☐ Moderate ☐ Heavy

GINGIVAL BLEEDING ☐ Localized ☐ General

OCCCLUSION (Angle) ☒ I ☐ II ☐ III

PATHOLOGY / TREATMENT INDICATED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
A B C D E F G H I J

LINGUAL

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
T S R Q P O N M L K

PATIENT'S CHIEF COMPLAINT

DENTAL CLASSIFICATION 20?
TREATMENT PLAN DISCUSSED Needs

PERIODONTAL CONDITION

DIAGNOSIS ☐ Gingivitis ☐ Periodontitis

AAP: ☐ I ☒ II ☐ III ☐ IV ☐ V

COMMENTS

PSR

3	2	3
3	2	3

PROSTHESIS EVALUATION

TYPE OR AREA ☐ Full ☐ Max ☐ Mand ☐ Partial ☐ Max ☐ Mand ☐ Cast Frame

AGE _____ Max _____ Mand

FUNCTION ☐ Poor ☐ Adequate

CONDITION ☐ Poor ☐ Adequate

COMMENTS

RDS given

B.T. 1-2

L.D.V. 2007.

C Rosenthal DDS

DENTIST SIGNATURE EXAM DATE

6/21/09

DIAGNOSIS - TREATMENT

P/

CABAGUA, Mark D.

DOC NUMBER

DOC # 498939

7/18/1975

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	B	C	D	E	F	G	H	I	J						
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

COMMENTS

6/16/12

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	B	C	D	E	F	G	H	I	J						
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

COMMENTS


class II canine
soft tissue - WNL
TMS - clicks on Lt.

EXAMINATION: ☒ Periodic ☐ Emergency ☐ Comprehensive ☐ Other: _____
C.C. Quadrant: ☐ Maxillary Left ☐ Maxillary Right ☐ Mandibular Right ☐ Mandibular Left
Pain Level: 1 2 3 4 5 6 7 8 9 10 ☐ Constant ☐ Intermittent Duration: _____
Subjective: _____
CLINICAL FINDINGS: TOOTH #: _____ Sensitivity to: ☐ Hot ☐ Cold ☐ Palpation ☐ Percussion Pulp Test: _____
X-RAYS TAKEN: ☐ Periapical ☒ BWX 4 ☐ Panoramic ☐ Other: _____
Results: _____
SWELLING: ☐ Gingival ☐ Cellulitis FEVER: _____ °F BLOOD PRESSURE: N/A PSR: _____
NOTES: _____
TOOTH #: _____ Caries: ☐ Restorable ☐ Non-Rest. ☒ Tooth Fracture: ☐ Restorable ☐ Non-Rest. ☒ Pulpitis: ☐ Reversible ☐ Irreversible
Infection: ☐ Periodontal ☐ Pericoronitis ☐ Periapical Other: _____
SOFT TISSUE PATHOLOGY: _____
PERIODONTAL: ☐ Gingivitis ☐ Periodontitis AAP Class: ☐ I ☒ II ☐ III ☐ IV ☐ V
OTHER DIAGNOSIS: See chart diagram above

Dr. Schettie, DDS

EXHIBIT-B-1-2

DENTAL CLASSIFICATION REPORT

REPORTING SOURCE	A. REPORTING SOURCE
	1. Name of Institution 07-DCI
CASE IDENTIFICATION	<div>B. CASE IDENTIFICATION</div> <div>2. Date of Birth Mo: 07 Day: 18 Yr: 75</div> <div>3. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</div> <div>1. Offender's Name Last: CABAGUA First: Mark Middle: D.</div> <div>4. DOC Number 4 9 8 9 3 9</div>
REASON	<div>C. REASON</div> <div><input checked="" type="checkbox"/> Entry / Intake <input type="checkbox"/> Updated Dental Status <input type="checkbox"/> Transfer to Minimum Center <input type="checkbox"/> Release</div>
CLASSIFICATION FOR PLACEMENT	<div>D. CLASSIFICATION / TREATMENT NEEDS STATUS</div> <div><input type="checkbox"/> 10 Active dental treatment completed. NO DENTAL CONSTRAINTS.</div> <div><input checked="" type="checkbox"/> 20 Routine or Chronic Dental Needs. No acute episode likely in the next 6 months. OFFSITE DENTIST SERVICE REQUIRED.</div> <div><input type="checkbox"/> 35 Essential dental needs. Acute episode is likely within next 6 months. Only 1 or 2 treatments needed to change classification from 35 to either 10 or 20. OFFSITE DENTIST SERVICE REQUIRED.</div> <div><input type="checkbox"/> 36 Complicated dental needs - Extensive treatment to restore function is indicated or an acute episode is likely within the next 6 months. ONSITE DENTIST SERVICE REQUIRED. NO JAILS OR NORTHERN CENTERS.</div> <div><input type="checkbox"/> 40 Dental Hold Status - Patient is undergoing special dental workup or treatment or is in a healing phase of a dental condition which would be significantly disrupted if transferred to another facility.</div> <div>DO NOT TRANSFER BEFORE: Mo: Day Yr</div> <div><input type="checkbox"/> 50 UNCLASSIFIED. Patient refuses Intake Oral Examination.</div>
COMMENTS	<div>F. COMMENTS:</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
<div>SIGNATURE  DATE SIGNED Mo./Day/Year 7/2/09</div> <div>Case 2:24-cv-00022-SCD Filed 12/20/24 Page 23 of 77 Document 46</div> <div>Exhibit-B-2 DENTAL RECORD</div>	

DEPARTMENT OF CORRECTION

Division of Adult Institutions

DOC-3392 (Rev. 3/2005)

DENTAL SERVICE REQUEST

WISCONSIN

PLACE COMPLETED FORM IN THE SICK CALL BOX. DO NOT SEPARATE FORM OR KEEP A COPY.

A COPY WILL BE SENT BACK TO YOU INDICATING DENTAL HAS RECEIVED YOUR REQUEST.

PATIENT NAME	DOC NUMBER	FACILITY NAME	HOUSING UNIT	TODAY'S DATE
Mark Cabagua	498939	OSCT	Q	7-21-13

REQUEST FOR:

- ☐ ANNUAL EXAM & X-RAYS ☐ INFORMATION
☒ FILLING ☐ MEDICATION
☐ EXTRACTION
☐ DENTURES (false teeth) ☐ OTHER: _____
☐ TEETH CLEANING

THIS BOX TO BE FILLED IN BY DENTAL ONLY

REPLY FROM DENTAL - DATE: _____

FOLD THIS DENTAL REQUEST UP TO THIS DOTTED LINE BELOW SO THAT INFORMATION REMAINS CONFIDENTIAL

NOTIFY ANY INSTITUTION STAFF IF YOUR DENTAL CARE NEED IS AN EMERGENCY

DESCRIBE YOUR DENTAL PROBLEM:

I was on the list to get a filling while I was in
 Waupun. How do I get on the list to get it filled
 here. The hole in my tooth is getting bigger and
 I would like to get it filled as soon as possible
 before it chips. Thank's.

RECEIVED

JUL 22 2013 94

OSCI-HSU

DO NOT WRITE BELOW THIS LINE - THIS SECTION TO BE FILLED IN BY DENTAL ONLY

DISPOSITION

- ☒ Priority Appointment Made ☐ Essential Wait List ☐ Routine Wait List ☐ Denture Wait List
☐ Teeth Cleaning Wait List ☐ Written Response ☐ Refer to _____ ☐ \$7.50 Co-pay applies
☐ Other: _____ ☐ No Co-pay necessary

WRITTEN RESPONSE:

DATE RECEIVED BY DENTAL DENTIST/STAFF SIGNATURE

7/22/13 [Signature]

DISTRIBUTION: Original - Medical/Dental Record If Directions Regarding Health Care Provided; Copy - Offender

EXHIBIT - C

PROGRESS NOTES

WISCONSIN

CABAGUA, Mark D.

DOC # 498939

7/18/1975

DOC NUMBER

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
4/13/11		

HYGIENE OH: ☒ Good ☐ Fair ☐ Poor ☒ Local ☒ Gingivitis ☒ Periodontitis Plaque: ☒ M ☒ H Calculus: ☒ M ☒ H Stain: ☒ L ☒ M ☒ H
Bleeding ☒ L ☒ M ☒ H **X-RAYS TAKEN:** ☒ BWX ☒ 4 ☐ Periapical ☐ Pan ☐ Other
ANESTHESIA: ☐ Topical ☐ Local: _____ ml 2% Lido 1/100000 epi _____ ml Marc 1/200000 epi _____ ml 4% artic 1/100000 epi _____ ml
3% Carbo
☒ PSR ☒ 2 ☒ 2 ☒ 2 ☐ Full Perio. Charting **Gen. Type III Mod Perio.**
☒ OHI ☐ Nutritional Counseling **Controlled**
☒ Peridex Rinse ☐ Tooth Polish ☒ Prophy ☒ Topical Fluoride ☐ Denture cleaning **Perio Maint.**
☐ Scale/Inflam. ☐ Scale/Root Plane: UR UL LL LR ☐ Full Mouth Debride
Recall: 3 4 6 ☒ 12 Months Other: _____

MTH, no conc, oral exam - no path. OHI - pt. has good OHI. Discussed & demoed brushing sext. 5 lingual due to coffee stain.

Amanda Cole, RDH

HYGIENE OH: ☐ Good ☒ Fair ☐ Poor ☒ Gingivitis ☒ Periodontitis Plaque: ☒ L ☒ M ☒ H Calculus: ☒ L ☒ M ☒ H Stain: ☒ L ☒ M ☒ H
Bleeding: ☒ L ☒ M ☒ H **X-RAYS TAKEN:** ☒ BWX ☒ 4 ☐ Periapical ☐ Pan ☐ Other
ANESTHESIA: ☐ Topical ☐ Local: _____ ml 2% Lido 1/100000 epi _____ ml Marc 1/200000 epi _____ ml 4% artic 1/100000 epi _____ ml
3% Carbo
☒ PSR ☒ 3 ☒ 3 ☒ 3 ☐ Full Perio. Charting
☒ OHI ☐ Nutritional Counseling
☒ Peridex Rinse ☐ Tooth Polish ☒ Prophy ☒ Topical Fluoride ☐ Denture cleaning
☐ Scale/Inflam. ☐ Scale/Root Plane: UR UL LL LR ☐ Full Mouth Debride
Recall: 3 4 6 ☒ 12 Months Other: _____

Amanda Cole, RDH

MTH, no conc, oral exam - no findings; OHI - reviewed brushing sext. 5 due to stain. Also reviewed brushing 7 molars. - ACole

6/6/12 Periodic Exam Health Hx Update 4 Bx T L Cx L A
Dr. Schettler DDS

7/22/13

Date DSR Recd

Appt made: Yes No

Circle Wait List

DONALD LINNEMAN D.D.S.

7/22/13

2 MOD caries on incisal edge #6 /occluding tongue & cheek Lido 2% 1:100 X 2
6 BLTR, I.B.C. C90 H Acid Etch Binding

Exhibit-D

DONALD LINNEMAN D.D.S.

OFFICE OF SECRETARY DECISION
COMPLAINT NUMBER OSCI-2023-2684
***** ICRS CONFIDENTIAL *****

To: CABAGUA, MARK D. - #498939
UNIT: _D-SI -- D007- _U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	04/05/2023
Date Appeal Received:	04/05/2023
Subject of Complaint:	22 - Dental
Brief Summary:	Inadequate dental care
Person(s) Contacted:	Dr. Panos
OOS Decision:	Affirmed
Decision Comments:	<p>The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 04/14/2023 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is not accepted as the decision of the Secretary. The decision is to AFFIRM this appeal.</p> <p>Dr. Panos, the DAI Dental Director, has confirmed that the correct policy that applies here is 500.40.21 which lists the dashboard time frames for different dental events. In that policy, the wait time listed for Routine-Routine (R-R) - Asymptomatic dental care needs is 40 weeks. There is no wait list of up to 18 months.</p> <p>Section V. B. states, "An inmate patient may be on any wait list for which a request has been received and may be on more than one list.</p> <p>1. Example: If an inmate patient sends in an urgent request, and is already on the routine list, the inmate patient is placed on the urgent list but also remains on the routine list."</p> <p>The complainant was placed on the routine list for restorative treatment on 12/16/2021. As noted, the waitlist time is 40 weeks.</p> <p>The complainant was seen by Dr. Smith on 7/26/2022 and Dr. Smith recommended an extraction. The complainant refused treatment and signed the refusal. This was for dental pain, and the complainant was left on the routine wait list for fillings. Dr. Panos agreed that while the complainant was seen for pain on 7/26/2022, this encounter did not substitute for the requirement to see the complainant within 40 weeks of his initial request on 12/16/2021 for restorative treatment.</p>

OFFICE OF SECRETARY DECISION
COMPLAINT NUMBER OSCI-2023-2684
* * * ICRS CONFIDENTIAL * * *

The complainant has not been seen timely for restorative treatment in accordance with policy.

Decision Date:

04/24/2023



C. O'Donnell - Office of the Secretary

CC:

Distributed via email
Eplett, C
gross, j

EXHIBIT-E-2

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

⇨ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇨

PRINT LAST NAME CABAGUA	PRINT FIRST NAME MARK	DOC NUMBER 498939
FACILITY NAME OSCI	HOUSING UNIT Q-Buildings	TODAY'S DATE 1-3-16

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input checked="" type="checkbox"/> FILLING | <input checked="" type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My tooth broke and I am having alot of pain its sensitive to hot, cold, and even if I touch it with my tongue and I have 2 other teeth that the fillings fell out and need them filled

DATE RECEIVED:
DATE STAMPED BY DSU

JAN 04 2016

OSCI-HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☒ Essential Wait List - Approx. Wait Time _____
- ☐ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (Initials): _____

Medications given, if any: _____

Copayment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

We will schedule you

PRINT STAFF NAME

DATE OF DSU RESPONSE

midmna15 DOR

1/4/16

DENTAL RECORD

EXHIBIT F/E

DIAGNOSIS - TREATMENT

F CABAGUA, Mark D. 6-22-09
DOC # 498939 7/18/1975

DOC NUMBER

SERVICES PROVIDED

1	2	3	A	B	C	D	E	F	G	H	I	J	14	15	16
[Diagram of upper teeth with circles indicating services provided]															
LINGUAL															
[Diagram of lower teeth with circles indicating services provided]															
32	31	30	T	S	R	Q	P	O	N	M	L	K	18	17	

PERIODIC EXAM

1	2	3	A	B	C	D	E	F	G	H	I	J	14	15	16
[Diagram of upper teeth with circles indicating periodic exam]															
LINGUAL															
[Diagram of lower teeth with circles indicating periodic exam]															
32	31	30	T	S	R	Q	P	O	N	M	L	K	18	17	

DATE	TOOTH NO.	DIAGNOSIS - TREATMENT	SIGNATURE
1/4/16		Date DSR Recd _____ Appt made: Yes No Circle Wait List: U <u>E/R</u> R P/R H	
1/4/16		pt arrived complaining of pain UR area. Periodic exam 2 BWS 1 PA of pain area. Pt pointing to #4 cracked tooth. PA shows distal decay to pulp. Recommended Ext #4 pt agreed + signed consent form	MARK DOMROIS D.D.S.

EXTRACTION: ☒ Consent Signed. Blood Pressure: _____

TOOTH # 4 DX: ☒ Erupted ☐ Impacted ☐ Soft Tiss ☐ Partial Bony ☐ Full Bony ☐ Retain Root ☐ Ankylosed ☐ Simple ☒

TOOTH # _____ DX: _____ ☐ Erupted ☐ Impacted ☐ Soft Tiss ☐ Partial Bony ☐ Full Bony ☐ Retain Root ☐ Ankylosed ☐ Simple ☐

TOOTH # _____ DX: _____ ☐ Erupted ☐ Impacted ☐ Soft Tiss ☐ Partial Bony ☐ Full Bony ☐ Retain Root ☐ Ankylosed ☐ Simple ☐

ANESTHETIC: ☒ Topical: _____ ☒ 1 ml 2% Lido 1/100000 epi. ☒ 1 ml 0.5% Marc 1/200000 epi. ☒ 1 ml 4% Artic 1/100000

Number of Sutures: ☐ Silk ☐ Gut ☐ Veral ☒ no sut or gel foam placed

Post-Op Instruction: ☒ Verbal ☐ Written ☐ Gauze ☐ Swen ☐ Ice Ordered ☐ Soft Diet Rxd ☐ Sinus Exposure Instruction

PRESCRIPTIONS: Rx Amoxicillin, Acetaminophen

SURGICAL NOTES: Simple

4 simple ext no gel foam or sutures placed
gave pt gauze square + verbal post op instr

EXHIBIT F-3

DEPARTMENT OF CORRECTIONS

DENTAL EXAMINATION

WISCONSIN

CABAGUA, Mark D.

DOC # 498939

7/18/1975

SEX

DOB (mm/dd/yy)

FACILITY NAME

DATE ADMITTED

OSCF

1-4-16

RACE

☐ White ☐ Black ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Other

ETHNICITY

☐ Hispanic ☐ Non-Hispanic

EXISTING RESTORATIONS & MISSING TEETH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
LINGUAL															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

EXAM TYPE

☐ Intake ☐ Periodic ☒ Urgent Exam

PATIENT'S CHIEF COMPLAINT

PERIODONTAL CONDITION

DIAGNOSIS ☐ Gingivitis ☐ Periodontitis

AAP: ☐ I ☐ II ☐ III ☐ IV ☐ V

COMMENTS

PSR:

SOFT TISSUE EXAMINATION

WNL

COMMENTS

LYMPH NODES
PHARYNX
TONSILS
SOFT PALATE
HARD PALATE
FLOOR OF MOUTH
LIPS
SKIN
TMJ
TONGUE
VESTIBULES
BUCCAL MUCCOSA

ORAL HYGIENE ☐ Excellent ☐ Good ☒ Fair ☐ Poor
CALCULUS ☐ None ☒ Little ☐ Moderate ☐ Heavy
GINGIVAL BLEEDING ☒ Localized ☐ General
OCCLUSION (Angle) ☐ I ☒ II ☐ III

PATHOLOGY / TREATMENT INDICATED / MISSING TEETH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
LINGUAL															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PROSTHESIS EVALUATION

TYPE AREA MATERIAL

☐ Full ☐ Max ☐ Mand ☐ Acrylic

☐ Partial ☐ Max ☐ Mand ☐ Cast

AGE _____ Max _____ Mand

FUNCTION ☐ Poor ☐ Adequate

CONDITION ☐ Poor ☐ Adequate

DENTAL CLASSIFICATION:

☐ 10 ☐ 20 ☐ 35 ☐ 36 ☐ 40 ☐ 80

X-RAYS MADE:

Type & Number

Check if Digital

Reviewed by Dentist

☐ Panoramic

☒ BWX

☒ PAX

☐

☐

☐

☐

☒

☒

☐ POC-0074

☐ Pathology Discussed with Patient

DENTIST SIGNATURE & STAMP

EXAM DATE

Mark Domrois D.D.S.

1-4-16

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

⇒ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME <i>Cabaguan</i>	PRINT FIRST NAME <i>Mark</i>	DOC NUMBER <i>498939</i>
FACILITY NAME <i>OSCI</i>	HOUSING UNIT <i>Q-Building</i>	TODAY'S DATE <i>1-12-16</i>

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input checked="" type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input checked="" type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

I had a tooth pulled on 1-4-16. Some of the tooth is still in. It is still bleeding and it hurts real bad. I have not been able to eat much, and feel sick like I have an infection, and I am getting dizzy.

DATE RECEIVED:

TO BE STAMPED BY DSU

JAN 13 2016

OSCI-HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☒ Essential Wait List - Approx. Wait Time _____
- ☐ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Copayment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

We will schedule you

PRINT STAFF NAME

DATE OF DSU RESPONSE

M. D. Morris DDS

1/13/16

DENTAL RECORD

EXHIBIT-B1

PATIENT NAME (Last, First)

DOC NUMBER

CABAGUA, Mark D.

DOC # 498939

7/18/1975

DATE	TOOTH NO.	TREATMENT NOTES	SIGNATURE/STAMP
4/1/16 cont'd		S/S 1 kb + id + 11 gone for 10 days Rx Acetaminophen 325mg X 50 tab's S/S 1-2 tabs qid prn pain for 6 days	MARK DOMROIS D.D.S.
1/13/16		Date DSR Recd _____ Appt made: Yes No Circle Wait List: U <u>ED</u> R P/R H	MARK DOMROIS D.D.S.
1/13/16		Pt came in w complaint of tooth piece/bone chip in UA area #4 where tooth ext'd. Emergency exam shows bone socket piece present rinsed socket with chlorhexidine rinse. removed bone chip w cotton pliers.	MARK DOMROIS D.D.S.
2-13-17		Date DSR Recd _____ Appt made: Yes No Circle Wait List: U <u>ED</u> R P/R H	MARK DOMROIS D.D.S.
4/27/17		Date DSR Recd _____ Appt made: Yes No Circle Wait List: U <u>ED</u> R P/R H	MARK DOMROIS D.D.S.
Pt came thr late		Pt came in complaining of pain/sensitivity LL area to hot/cold. exam shows #20 has OL decay. pt also broke off distal part of #15 put in pain. cont'd	MARK DOMROIS D.D.S.

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

⇒ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME CABAGUA	PRINT FIRST NAME MARK	DOC NUMBER 498939
FACILITY NAME OSCI	HOUSING UNIT O-Building	TODAY'S DATE 2-12-17

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input checked="" type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

*I have 4 fillings that need to be filled.
Can you please set me up on an appointment
as soon as you can. Thanks.*

DATE RECEIVED:
TO BE STAMPED BY DSU

FEB 13 2017

OSCI-HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Copayment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

We will schedule you when your name comes up on list

PRINT STAFF NAME

MDOMMIS DR

DATE OF DSU RESPONSE

2-13-17

DENTAL RECORD

EXHIBIT- H

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

→ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ←

PRINT LAST NAME CABAGUA	PRINT FIRST NAME MARK	DOC NUMBER 498939
FACILITY NAME OSCI	HOUSING UNIT Q	TODAY'S DATE 4-26-17

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

Mark Cabagua **4-27-17**

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

I wrote a dental service request over a month ago. Since the last request one of my teeth broke and the other 3 that need filling are hurting real bad. Can you please set me up an appointment as soon as possible. THANKS.

DATE RECEIVED
10:57 STAMPED BY DSU

APR 27 2017
OSCI-HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☒ Essential Wait List - Approx. Wait Time _____
- ☐ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (Initials): _____

Medications given, if any: _____

Copayment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

We will schedule you for consult

PRINT STAFF NAME

McDonnell DR

DATE OF DSU RESPONSE

4/27/17

DENTAL RECORD

EXHIBIT - I

CABAGUA, Mark D.

DOC # 498939

7/18/1975

DOC NUMBER

DATE	TOOTH NO.	TREATMENT NOTES	SIGNATURE/STAMP
9/27/17 (control)	20	<p>TOOTH # 20 <input checked="" type="checkbox"/> Excavate <input type="checkbox"/> Pulp Cap: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> CaOH <input checked="" type="checkbox"/> Acid Etch <input checked="" type="checkbox"/> Bond <input type="checkbox"/> Resin <input type="checkbox"/> Alloy Surfaces: <u>DL</u></p> <p>TOOTH # <input type="checkbox"/> Excavate <input type="checkbox"/> Pulp Cap: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> CaOH <input type="checkbox"/> Acid Etch <input type="checkbox"/> Bond <input type="checkbox"/> Resin <input type="checkbox"/> Alloy Surfaces: _____</p> <p>TOOTH # <input type="checkbox"/> Excavate <input type="checkbox"/> Pulp Cap: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> CaOH <input type="checkbox"/> Acid Etch <input type="checkbox"/> Bond <input type="checkbox"/> Resin <input type="checkbox"/> Alloy Surfaces: _____</p> <p>ANESTHESIA: <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Local <input type="checkbox"/> _____ ml 2% Lido 1/100000 epi <input type="checkbox"/> _____ ml 0.5% Marc 1/200000 epi <input type="checkbox"/> _____ ml 4% Artic 1/100000</p> <p><input type="checkbox"/> _____ ml 3% Carbocaine PRESCRIPTIONS: _____ DISPOSITION: Patient tolerated Procedure <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor _____</p> <p>04/Am with acid etch, bond, amalgam bond N.V. 15-10</p>	<p>MARK DOMROIS D.D.</p>
6/21/17	15	<p>TOOTH # 15 <input checked="" type="checkbox"/> Excavate <input type="checkbox"/> Pulp Cap: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> CaOH <input checked="" type="checkbox"/> Acid Etch <input checked="" type="checkbox"/> Bond <input type="checkbox"/> Resin <input type="checkbox"/> Alloy Surfaces: <u>DOB Fuji</u></p> <p>TOOTH # <input type="checkbox"/> Excavate <input type="checkbox"/> Pulp Cap: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> CaOH <input type="checkbox"/> Acid Etch <input type="checkbox"/> Bond <input type="checkbox"/> Resin <input type="checkbox"/> Alloy Surfaces: _____</p> <p>TOOTH # <input type="checkbox"/> Excavate <input type="checkbox"/> Pulp Cap: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> CaOH <input type="checkbox"/> Acid Etch <input type="checkbox"/> Bond <input type="checkbox"/> Resin <input type="checkbox"/> Alloy Surfaces: _____</p> <p>ANESTHESIA: <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Local <input type="checkbox"/> _____ ml 2% Lido 1/100000 epi <input type="checkbox"/> _____ ml 0.5% Marc 1/200000 epi <input type="checkbox"/> _____ ml 4% Artic 1/100000</p> <p><input type="checkbox"/> _____ ml 3% Carbocaine PRESCRIPTIONS: _____ DISPOSITION: Patient tolerated Procedure <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor _____</p> <p>Pt came 1hr late (not his fault)</p> <p>DOB/comp. excavation indirect pulp cap. Linelight base, acid etch, bond, Fuji Resin. Pt told very deep Filling may be sensitive to cold for 2 weeks but should get better. But if tooth starts throbbing and waking him up at Night, to EXT #15. Pt understood. This completes the Filling.</p>	<p>MARK DOMROIS D.D.</p>
2/28/18		<p>Date DCR Recd _____ / Appl made: Yes No Circle Wait List: <u>U</u> <u>C</u> <u>R</u> <u>P/R</u> <u>H</u></p> <p>Pt came in stating Filling done 4/17 hurting bad to chewing. #15 done on 6/21/17 had indirect pulp cap. Ptof #15 shows radiolucency at apex diagnosis irreversible Pulpitis #15 need EXT Rb Clindamycin 300mg</p>	<p>MARK DOMROIS D.D.S</p>

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

⇒ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME CABAGUA	PRINT FIRST NAME MARK	DOC NUMBER 498939
FACILITY NAME OSCI	HOUSING UNIT Q-Building	TODAY'S DATE 2-27-18

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF SERVICE 2-28-18
AUTHORIZED STAFF SIGNATURE H. Clifford	

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|---|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below) |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

I am having severe pain on two of the teeth I last had filled can you please see me as soon as possible. Thanks

DATE RECEIVED
STAMPED BY: DSU

FEB 28 2018

OSCI-HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE <input type="checkbox"/> Treated Today <input type="checkbox"/> Urgent Appointment Made <input checked="" type="checkbox"/> Essential Wait List - Approx. Wait Time _____ <input type="checkbox"/> Routine Wait List - Approx. Wait Time _____ <input type="checkbox"/> Denture Routine Wait List - Approx. Wait Time _____ <input type="checkbox"/> Teeth Cleaning Wait List - Approx. Wait Time _____ <input type="checkbox"/> Request Forwarded to: _____ <input type="checkbox"/> Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)	TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE Date seen in HSU: _____ Seen by (Initials): _____ Medications given, if any: _____ Copayment charged by HSU: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

WRITTEN RESPONSE

PRINT STAFF NAME MDOWNS	DATE OF DSU RESPONSE 2/28/18
-----------------------------------	--

DENTAL RECORD

EXHIBIT - K

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

⇨ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇨

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

CABAGUA

MARK

498939

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

OSCI

MIDDLE

12-14-20

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My tooth is deteriorating at a seriously rapid pace. Can you please set me up an appointment to fix the problem before it gets worse. Thanks.

DATE RECEIVED:
TO BE STAMPED BY DSU

RECEIVED
DEC 15 2020
OSCI

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (Initials): _____

Medications given, if any: _____

Copayment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

T. TURONAKS

12-15-2020

DENTAL RECORD

EXHIBIT - L-1

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

→ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ←

PRINT LAST NAME CABAGUA	PRINT FIRST NAME MARK	DOC NUMBER 498939
FACILITY NAME OSCI	HOUSING UNIT Middle	TODAY'S DATE 1-11-21

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My teeth continue to deteriorate at an alarming rate. Can you please set me an appointment as soon as possible. Thanks.

DATE RECEIVED:
TO BE STAMPED BY DSU

RECEIVED

JAN 12 2021

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☐ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (Initials): _____

Medications given, if any: _____

Copayment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

already on wait for eval

PRINT STAFF NAME

Dr. Valdez

DATE OF DSU RESPONSE

1-12-21

DENTAL RECORD

EXHIBIT-L 2

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

⇒ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME CABAGUA	PRINT FIRST NAME MARK	DOC NUMBER 498939
FACILITY NAME OSCF	HOUSING UNIT Middle	TODAY'S DATE 3-15-21

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF SERVICE
AUTHORIZED STAFF SIGNATURE	

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My tooth continues to get worse. I would like to have it fixed before it gets infected and has to be extracted.

DATE RECEIVED:
TO BE STAMPED BY DSU

MAR 16 2021

ON

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE <input type="checkbox"/> Treated Today <input type="checkbox"/> Urgent Appointment Made <input type="checkbox"/> Essential Wait List - Approx. Wait Time <u>12/15/2020</u> <input checked="" type="checkbox"/> Routine Wait List - Approx. Wait Time _____ <input type="checkbox"/> Denture Routine Wait List - Approx. Wait Time _____ <input type="checkbox"/> Teeth Cleaning Wait List - Approx. Wait Time _____ <input type="checkbox"/> Request Forwarded to: _____ <input type="checkbox"/> Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)	TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE Date seen in HSU: _____ Seen by (Initials): _____ Medications given, if any: _____ Copayment charged by HSU: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

WRITTEN RESPONSE <i>you are on the list. Due to Covid we are behind</i>	DATE OF DSU RESPONSE 3-16-21
PRINT STAFF NAME Dr. Vachet	

DENTAL RECORD

EXHIBIT - **L-3**

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

WISCONSIN
Adm. Code
Ch. DOC 316

→ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ←

PRINT LAST NAME CABAGUA	PRINT FIRST NAME MARK	DOC NUMBER 498939
FACILITY NAME OSCI	HOUSING UNIT Middle	TODAY'S DATE 4-8-21

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|---|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below) |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My tooth continues to get worse, and now the one next to it is also deteriorating. Can you please help me, because I do not want to lose anymore teeth. Thanks.

DATE RECEIVED:
TO BE STAMPED BY DSU

RECEIVED

APR 09 2021

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☒ Essential Wait List - Approx. Wait Time eval.

☐ Routine Wait List - Approx. Wait Time _____

☐ Denture Routine Wait List - Approx. Wait Time _____

☐ Teeth Cleaning Wait List - Approx. Wait Time _____

☐ Request Forwarded to: _____

☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Copayment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

We will do an exam to eval your dental problems.

PRINT STAFF NAME

Dr. Vachet

DATE OF DSU RESPONSE

4-9-2021

DENTAL RECORD

EXHIBIT-4

Patient Progress Notes

Patient: MARK D. CABAGUA
 Birthdate: 07/18/1975
 Provider:
 Phone:
 Office:

Chart #: 498939

Date: 06/17/2021
 SS#:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
<p>O: Patient presented with no visible pain, infection, swelling, and fever. Absence of symptoms consistent with COVID-19. Temperature today: 98.6°F</p> <p>Oral Exam:</p> <p>Lymph Nodes: WNL</p> <p>Pharynx: WNL</p> <p>Tonsils: WNL</p> <p>Soft Palate: WNL</p> <p>Hard Palate: WNL</p> <p>Floor of mouth: WNL</p> <p>Lips: WNL</p> <p>Skin: WNL</p> <p>TMJ: WNL</p> <p>Tongue: WNL</p> <p>Vestibules: WNL</p> <p>Buccal Mucosa: WNL</p> <p>Oral Hygiene: Good</p> <p>Calculus: None</p> <p>Gingival Bleeding: Localized</p> <p>Occlusion (Angle): I</p> <p>A: Clinical and Radiographic Findings and Diagnosis and recommendation: tooth #3 MOB amalgam with recurrent caries cervical into the root tissue <u>deemed non-restorable recommend extraction</u>; tooth #11 large DLF caries prognosis is questionable <u>recommend restoring tooth #11 ess/routine</u>; tooth #12 MOLB broken tooth structure with large recurrent caries deemed non-restorable recommend extraction; tooth #31 with SSC with recurrent caries MO and Class V region deemed non-restorable recommend extraction.</p> <p>Periodontal Condition: prognosis good</p> <p>Diagnosis: Generalized Moderate (starting) Periodontal disease</p> <p>AAP: I</p> <p>Comments: Tb 2 xday floss 1 xday</p> <p>PSR: UR: 1 UA: 2 UL: 1 LR: 1 LA: 2 LL: 1</p> <p>Prosthesis Evaluation:</p> <p>Type: Maxillary: N/A Mandibular: N/A</p> <p>Material: N/A</p> <p>Age: Maxillary: N/A Mandibular: N/A</p> <p>Function: N/A</p> <p>Condition: N/A</p> <p>POC-0074: No</p> <p>Pathology Discussed with Patient: Yes</p> <p>P: Presented treatment plan to patient and reviewed recommendations. Informed patient if he would like to receive dental treatment he is responsible to request treatment (cleaning and fillings) using DSR Form. Explained to the patient the partial policies and after all his fillings, extractions, and cleaning were completed he is able to request to be added to the partial waiting list. Before patient was seated in the dental chair the patient was given Hydrogen Peroxide oral rinse with instructions to swishing the solution all around the mouth. Tilt the head back and continue gargling for 30 to 60 seconds. Spit the solution out. Patient was added to the ess/routine waiting list with Dr. Vachet for tooth #11 DFL. Patient co pay was collected during today's emergency visit. Patient was added to the ess/ext waiting list with Dr. Kinziger for continuation of patient's treatment-extractions: tooth #3; #12; and #31.</p>							
Continued on Next Page							

Patient Progress Notes

Patient: MARK D. CABAGUA
Birthdate: 07/18/1975

Chart #: 498939

Date: 06/17/2021
SS#:

Provider:
Phone:
Office:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
<p>A: Tooth #11 DFL large caries broken tooth structure P: Amalgam-3 surf. prim/permTooth: 11 Surface: DLF Core buildup, include any pins Tooth: 11 Pulp cap-direct, (+rest)Tooth: 11 4% Septocaine 1:100k epi 1.7 ml local maxillary infiltration. Patient tolerated the procedure well after anesthesia was given. RD, matrix bond and wood wedge, amalgam bond, amalgam restoration. Part of the restoration broke off- due to limited time a provisional restoration was placed Glass Ionomer; informed patient he has a provisional (temp) restoration. Caries was very deep to the pulp tissue prognosis is questionable if tooth #11 becomes symptomatic informed patient he would need an extraction. Patient agreed with shape and shade of new restorations. Good occlusion and interproximal contact. Post operative instructions given. Informed patient if he would like to have additional dental treatment he is responsible to request using DRS Form. Patient was removed from the filling list.</p> <p>----- Signed on Tuesday, April 20, 2021 at 11:18:13 ----- ----- Provider: DRVACHET - EUNICE VACHET, DMD -- Clinic: OSCI -----</p>							
04/20/2021	11	DLF	D2160	DRVAC	Amalgam-3 surf. prim/perm	C	
04/20/2021	11		D2951	DRVAC	Pin retention-/tooth, (+ rest)	C	
04/20/2021	11		D3110	DRVAC	Pulp cap-direct, (+rest)	C	
04/27/2021				DRVAC	Clinical Note		
<p>S: Patient presented for a ROUTINE RESTORATIVE dental visit. Reviewed health history with patient no changes. Patient consented to have dental treatment done today. Before patient was seated in the dental chair the patient was given Hydrogen Peroxide oral rinse with instructions to swishing the solution all around the mouth. Tilt the head back and continue gargling for ~45 seconds. Spit the solution out. Do not swallow this product. Patient consented to have dental work done today. Resin-three surfaces, anteriorTooth: 11 Surface: DLF CC: "None, I haven't had any pain on the tooth after your fixed it". O: Patient presented with no visible pain, infection, swelling, and fever. Absence of symptoms consistent with COVID-19. Temperature today: 98.6°F A: Tooth #11 DFL broken restoration P: Resin-three surfaces, anteriorTooth: 11 Surface: DLF 4% Septocaine 1:100k epi 1.7 ml local maxillary infiltration. Patient tolerated the procedure well after anesthesia was given. RD, acid etch; bonding agent, Mylar strip; wood wedge; composite shade A2. Patient agreed with shape and shade of new restorations. Good occlusion and interproximal contact. Post operative instructions given. Informed patient if he would like to have additional dental treatment he is responsible to request using DRS Form. Patient was removed from the filling list.</p> <p>----- Signed on Tuesday, April 27, 2021 at 11:07:21 ----- ----- Provider: DRVACHET - EUNICE VACHET, DMD -- Clinic: OSCI -----</p>							
04/27/2021				DRVAC	Clinical Note		
<p>Analgesics/Antibiotics: patient has pain medication already prescribed in cerner. Called pharmacy to make sure patient has a refills. Allergies: Ceftraixone; cephalixin; meloxicam Medical conditions: Prediabetes; hyperlipidemia; history of vertebral fracture; of discitis; chronic low back pain; atopic dermatitis.</p> <p>----- Signed on Tuesday, April 27, 2021 at 12:37:30 ----- ----- Provider: DRVACHET - EUNICE VACHET, DMD -- Clinic: OSCI -----</p>							
04/27/2021			0002	DRTUR	DSR Treatment Slip - ROU	C	
04/27/2021			0001	DRVAC	DSR Treatment Slip - ESS	C	

Continued on Next Page

Patient Progress Notes

Patient: MARK D. CABAGUA
 Birthdate: 07/18/1975
 Provider:
 Phone:
 Office:

Chart #: 498939

Date: 06/17/2021
 SS#:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
04/27/2021			D9230	DRVAC	Analgesia	C	
04/27/2021	11	DLF	D2332	DRVAC	Resin-three surfaces, anterior	C	
04/27/2021	11	IDL	15110	DRVAC	*Fractured th, needs restorati	CON	
04/28/2021					Clinical Note		
Medical Alert:							
Medications:							
Allergies:							
meloxicam							
cefTRIAXone							
cephalexin							
Since Last Visit:							
Medical Alert: No Change							
Medications: No Change							
Allergies: No Change							
Pain Scale Type: Numeric Pain Scale Pain Level: 4							
Description: Pt called to dental for ext 3, 12 and 31 as referred by Dr. Vachet. Initially, pt signed consent for all 3, but I discussed sinus post op precautions for #3 after seeing xray, and he decided he didn't want to stop lifting weights and the tooth isn't bothering him as the other 2 are, he then signed refusal for ext #3, still wants 12 & 31 out.							
Intraoral-periapical-1st film #3							
Intraoral-periapical-each add'l #31							
Extract, erupted th, rem othTooth: 12							
Extract, erupted th, rem othTooth: 31							
Arrival Time: 7:45 am							
ID confirmed by: Name and DOC number.							
Form 3018A was reviewed with patient, signed and sent to Doc Center.							
Assistant: Cindy K							
Anesthetics:							
1.00 carpule(s) of Lidocaine, 2% with Epinephrine 1:100,000 Rt mn block							
2.00 carpule(s) of Articaine, 4% with Epinephrine 1:100,000 1 infiltrated bu/li to 12 and 31							
Blood Pressure: 136/80							
Surgical Notes: pre rinse.							
NRC #12 routine forceps removal.							
#31 has deep caries under mesial of SSC, routine forceps removal. gauze packs, POI							
Post-Op Instruction: Verbal, Written and Gauze Given							
Prescriptions: Prescription ordered in Cerner. Ibu 400, hold naproxen. Gets acetaminophen. No abx given as no evidence of infection noted, just deep caries.							
Disposition: Patient tolerated procedure well.							
Continued on Next Page							

Patient Progress Notes

Patient: MARK D. CABAGUA
 Birthdate: 07/18/1975
 Provider:
 Phone:
 Office:

Chart #: 498939

Date: 06/17/2021
 SS#:

Progress Notes

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
12/15/2020				DRTUR	Clinical Note Dental Service Request form received. Pt. stating his teeth is deteriorating, does not mention any pain or broken filling/tooth. Placed on routine wait list.		
					----- Signed on Tuesday, December 15, 2020 at 11:25:11 ----- ----- Provider: DRTURON - Tobias Turon, DR -- Clinic: OSCI -----		
01/12/2021				DRVAC	Clinical Note Dental Service Request form received. Patient said my tooth continues to deteriorate at an alarming rate. Can you please set me an appointment as soon as possible. Informed patient he is already on the waiting list for an eval. Patient is on filling waiting list.		
					----- Signed on Tuesday, January 12, 2021 at 06:20:25 ----- ----- Provider: DRVACHET - EUNICE VACHET, DMD -- Clinic: OSCI -----		
01/12/2021			0007	DRVAC	DSR Treatment Slip - INFORMATI	C	
03/16/2021				DRVAC	Clinical Note Dental Service Request form received. Patient wants to have a tooth fixed because the tooth continues to get worse. Informed patient he is already on the filling list due to Covid we are behind.		
					----- Signed on Tuesday, March 16, 2021 at 06:13:34 ----- ----- Provider: DRVACHET - EUNICE VACHET, DMD -- Clinic: OSCI -----		
03/16/2021			0007	DRVAC	DSR Treatment Slip - INFORMATI	C	
04/09/2021					Clinical Note Dental Service Request form received. Patient wants to be seen because his teeth condition is getting worse. Patient was added to the ess/eval list to examine the dental problems.		
					----- Signed on Friday, April 9, 2021 at 07:11:41 ----- ----- Provider: DRVACHET - EUNICE VACHET, DMD -- Clinic: OSCI -----		
04/09/2021			0001	DRVAC	DSR Treatment Slip - ESS	TP	
04/13/2021				DRVAC	Clinical Note S: Patient presented for a Comprehensive oral exam; 2 BW's and 2 PA's taken, oral cancer exam; periodontal exam, and reviewed health history with patient no changes since last visit. Patient consent to have today's dental treatment done. CC: "My upper teeth are falling apart" Allergies: Ceftriaxone; cephalixin; meloxicam Medical Conditions: Premed; hyperlipidemia; h/o vertebral fracture; and discitis; chronic back pain; atopic dermatitis		
Continued on Next Page							

Patient Progress Notes

Patient: MARK D. CABAGUA
Birthdate: 07/18/1975

Chart #: 498939

Date: 06/17/2021
SS#:

Provider:
Phone:
Office:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
----- Signed on Tuesday, April 13, 2021 at 11:26:44 -----							
----- Provider: DRVACHET - EUNICE VACHET, DMD -- Clinic: OSCI -----							
----- Appended on Tuesday, April 13, 2021 at 12:08:24 -----							
----- Provider: DRVACHET - EUNICE VACHET, DMD -- Clinic: OSCI -----							
Checked Cerner patient has Naproxen and acetaminophen for pain. No additional pain med given at this time.							
04/13/2021			D0230	DRVAC	Intraoral-periapical-each add'	C	
04/13/2021			D0150	DRVAC	Comp oral eval-new/estab pat	C	
04/13/2021			D0220	DRVAC	Intraoral-periapical-1st film	C	
04/13/2021			D0272	DRVAC	Bitewings-two films	C	
04/13/2021	1		15101	DRVAC	Missing tooth	CON	
04/13/2021	3	MOB	D2160	DRVAC	Amalgam-3 surf. prim/perm	EO	
04/13/2021	3	MO	15105	DRVAC	Caries/decay	CON	
04/13/2021	3		15111	DRVAC	Non-functional tooth	CON	
04/13/2021	4		15101	DRVAC	Missing tooth	CON	
04/13/2021	11	DLF	15105	DRVAC	*Caries/decay	CON	
04/13/2021	12		15111	DRVAC	Non-functional tooth	CON	
04/13/2021	12		15111	DRVAC	Non-functional tooth	CON	
04/13/2021	12	MOLB	15104	DRVAC	Deep dentinal/cemental caries	CON	
04/13/2021	14	O	D2140	DRVAC	Amalgam-1 surf. prim/perm	EO	
04/13/2021	15		15101	DRVAC	Missing tooth	CON	
04/13/2021	16		15101	DRVAC	Missing tooth	CON	
04/13/2021	17		15101	DRVAC	Missing tooth	CON	
04/13/2021	18	O	D2140	DRVAC	Amalgam-1 surf. prim/perm	EO	
04/13/2021	19		15101	DRVAC	Missing tooth	CON	
04/13/2021	20	OL	D2150	DRVAC	Amalgam-2 surf. prim/perm	EO	
04/13/2021	30		15101	DRVAC	Missing tooth	CON	
04/13/2021	31		D2931	DRVAC	Prefab stain steel crown-perm	EO	
04/13/2021	31		15111	DRVAC	Non-functional tooth	CON	
04/13/2021	31	MOB	15104	DRVAC	Deep dentinal/cemental caries	CON	
04/13/2021	32		15101	DRVAC	Missing tooth	CON	
04/14/2021				DHKL	Clinical Note		
Pt requesting fills and hyg-Added to both lists.							
----- Signed on Wednesday, April 14, 2021 at 06:37:19 -----							
----- Provider: DHKLUESS - Michele Kluess, RDH -- Clinic: OSCI -----							
04/14/2021			0003	DHKL	DSR Treatment Slip - HYG	TP	
04/20/2021				DRVAC	Clinical Note		
S: Patient presented for a ROUTINE RESTORATIVE dental visit. Emerg treatment, palliative. Reviewed health history with patient no changes. Patient consented to have dental treatment done today. Before patient was seated in the dental chair the patient was given Hydrogen Peroxide oral rinse with instructions to swishing the solution all around the mouth. Tilt the head back and continue gargling for ~45 seconds. Spit the solution out. Do not swallow this product. Patient consented to have dental work done today.							
Amalgam-3 surf. prim/permTooth: 11 Surface: DLF							
Core buildup, include any pinsTooth: 11							
Pulp cap-direct, (+rest)Tooth: 11							
CC: "None".							
O: Patient presented with no visible pain, infection, swelling, and fever. Absence of symptoms consistent with COVID-19. Temperature today: 98.6°F							
Continued on Next Page							

Patient Progress Notes

Patient: MARK D. CABAGUA
 Birthdate: 07/18/1975
 Provider:
 Phone:
 Office:

Chart #: 498939

Date: 06/17/2021
 SS#:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
Note: on HYG list, may want partial(s) - something will need to be done with #3 to qualify, attempt fill or ext.							
Dental Classification: 20							
Next Visit: Dental Service Request							
----- Signed on Wednesday, April 28, 2021 at 09:17:16 -----							
----- Provider: DRKINZIGER - Steven R. Kinziger, DR. -- Clinic: OSCI -----							
04/28/2021			D0220	DRKIN	Intraoral-periapical-1st film	C	
04/28/2021			D0230	DRKIN	Intraoral-periapical-each add'	C	
04/28/2021	12		D7210	DRKIN	Extract, erupted th, rem oth	C	
04/28/2021	31		D7210	DRKIN	Extract, erupted th, rem oth	C	

Chart

Patient: MARK D. CABAGUA

Birthdate: 07/18/1975

Chart #: 498939

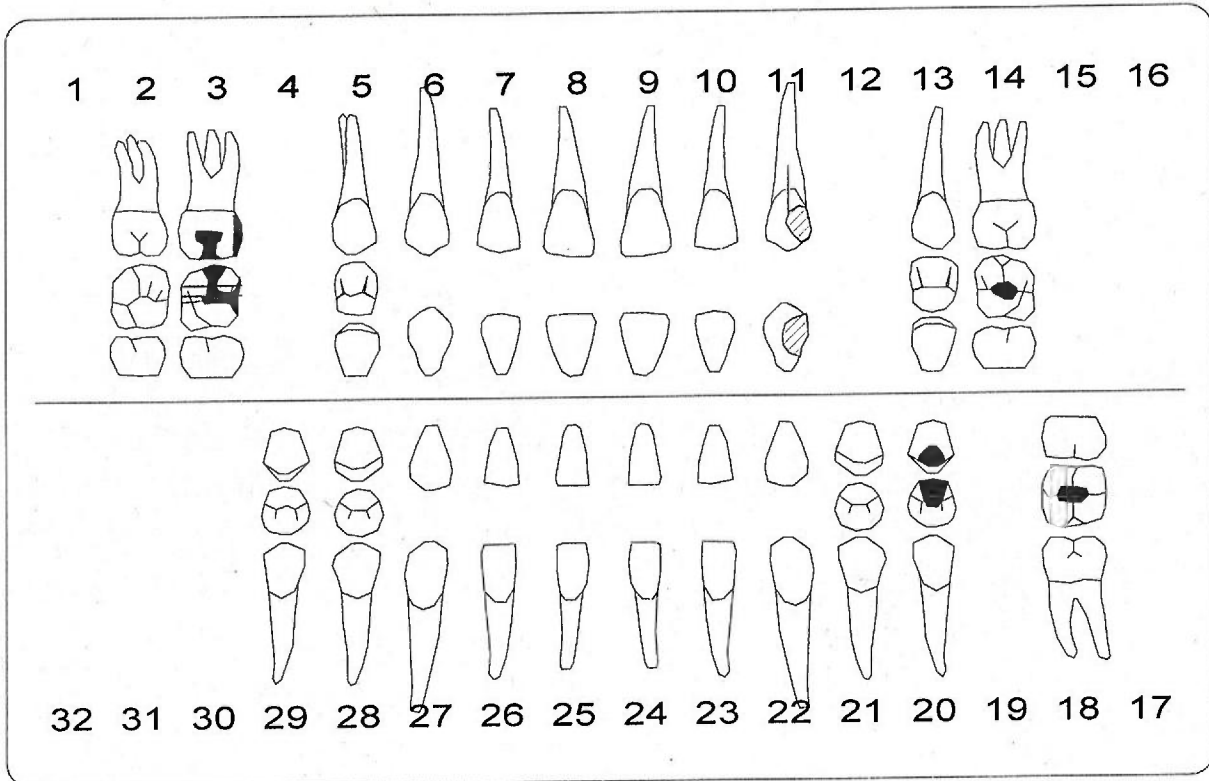
Date: 06/17/2021

SS#:

Provider:

Phone:

Office:



Treatment Plan Estimate

Tooth	Description	Amount	Pat.	Dental Ins.
	DSR Treatment Slip - ESS	0.00	0.00	0.00
	DSR Treatment Slip - HYG	0.00	0.00	0.00
Treatment Plan Totals		0.00	0.00	0.00

* Treatment Plans Are Estimates Only

Exhibit - M-7

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

CABAGLIA

MARK

498939

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

OSCI

MIDDLE

6-20-21

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: _____ | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

The area where my teeth were extracted is still pain full. In one area it feels like there is ~~some~~ a piece of tooth left over.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☒ Essential Wait List - Approx. Wait Time _____
- ☐ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ←

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

CABAGIA

MARK

498939

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

OSCI

D

11-3-21

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

I had my teeth cleaned on 11-2-21 and the hygienist stated that I need a filling on my front tooth. Can you please set me up an appointment to get it filled as soon as possible. I don't want to lose my front tooth. Thank You.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☐ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☒ Teeth Cleaning Wait List - Approx. Wait Time for 2022
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

W. S. Williams

11-4-21

DISTRIBUTION: Original – Dentrix, Official Record (1/2 sheet) – Business Office File; Copy – Patient (1/2 pg. before/full pg. after appt.)

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ↔

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: _____ | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: _____ | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My front tooth continues to get worse. Can I get it fixed as soon as possible. I don't want it to get infected and have to be extracted.

DATE RECEIVED:
TO BE STAMPED BY DSU

Byf

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____
Seen by (initials): _____
Medications given, if any: _____
Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

on wait list as of 12/16/21

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My front tooth continues to get worse.
I would like to get it filled before
it gets worse and has to be extracted.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL:

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time on list as of 12-16-22
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original – Dentrix, Official Record (1/2 sheet) – Business Office File; Copy – Patient (1/2 pg. before/full pg. after appt.)

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My front teeth continues to get worse and the other teeth that need filling are starting to hurt. Can you please get me in as soon as possible I don't want to lose anymore teeth. Thanks.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original – Dentrix, Official Record (1/2 sheet) – Business Office File; Copy – Patient (1/2 pg. before/full pg. after appt.)

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ↔

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My front tooth is now sensitive to hot and cold, and my other teeth that need to be filled hurt. Can you please set me up an appointment as soon as you can. I don't want to lose my front tooth.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time on list
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: _____ | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

I've been waiting patiently for over 3 1/2 years to have me teeth filled. I have filed DSR requests and have been ignored. I've already had to have 5 of my teeth pulled because I never got called. Please help! I don't want to lose any more teeth.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time *on list*
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☒ Teeth Cleaning Wait List - Approx. Wait Time *on list*
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN
Adm. Code
Ch. DOC 316

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

☐ ANNUAL EXAM/X-RAYS

☐ FILLING

☐ EXTRACTION (Tooth Pulled)

☐ DENTURES (False Teeth)

☐ TEETH CLEANING

☐ MEDICATION

☐ INFORMATION

☐ DENTAL RECORD REVIEW

☐ COPIES FROM DENTAL RECORD (List records below).

☐ OTHER:

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

The office of the Secretary agreed that I have not been seen timely for restorative treatment in accordance with policies

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

☐ Treated Today

☐ Urgent Appointment Made

☐ Essential Wait List - Approx. Wait Time _____

☐ Routine Wait List - Approx. Wait Time _____

☐ Denture Routine Wait List - Approx. Wait Time _____

☐ Teeth Cleaning Wait List - Approx. Wait Time _____

☐ Request Forwarded to: _____

☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

WRITTEN RESPONSE

on list

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

EXHIBIT - N-10

DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME <i>CARAGLIA</i>	PRINT FIRST NAME <i>Mark</i>	DOC NUMBER <i>498939</i>
FACILITY NAME <i>OSCI</i>	HOUSING UNIT <i>D</i>	TODAY'S DATE <i>5-5-23</i>

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

The teeth that need to be filled continue to get worse. Several inmates that put in a DSR form after me have got their teeth filled. Can you please!!! help me I don't want to lose anymore teeth.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☐ Routine Wait List - Approx. Wait Time _____
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

On filling list

PRINT STAFF NAME <i>WMAms</i>	DATE OF DSU RESPONSE <i>5-16-23</i>
----------------------------------	--

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input checked="" type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

My front tooth continues to get worse, it is also hurting a bit. In addition, the other teeth that need to be filled are also causing me pain.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time *on wait list*
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input checked="" type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

I would like to get my teeth cleaned and filled as soon as possible. Thanks.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time on list
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☒ Teeth Cleaning Wait List - Approx. Wait Time for 2024
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

EXHIBIT - N-15

**DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION**

⇒ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|--|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below). |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time _____
- ☒ Routine Wait List - Approx. Wait Time on list
- ☐ Denture Routine Wait List - Approx. Wait Time _____
- ☐ Teeth Cleaning Wait List - Approx. Wait Time _____
- ☐ Request Forwarded to: _____
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU: _____

Seen by (initials): _____

Medications given, if any: _____

Copayment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

ICE REPORT
COMPLAINT NUMBER OSCI-2023-2684
***** ICRS CONFIDENTIAL *****

To: CABAGUA, MARK D. - #498939
UNIT: D-SI -- D007- U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	02/23/2023	Inmate Contacted?	No
Date Complaint Received:	02/23/2023		
Subject of Complaint:	22 - Dental		
Person(s) Contacted:	HSUM Ludwig		
Document(s) Relied Upon:	Medical Record Email		
Brief Summary:	Inadequate dental care		
Summary of Facts:	<p>TG Mark Cabagua complains about a violation of DAI Policy 500.40.21, which resulted in inadequate dental service and loss of several teeth. Mr. Cabagua further states that on 07/21/13 he filed a Dental Service Request (DSR), explaining that he needed several teeth filled, and on 07/22/13 he was seen Dr. Linneman, having one (1) tooth filled. He says that the other teeth did not get any attention. Mr. Cabagua states that the Dental Assistant told him that he would be put on the routine waitlist and that he waited patiently for thirty-two (32) months but still never was called. He says that he had to fill out another DSR and was seen. Mr. Cabagua states that on 02/12/17 he submitted another DSR explaining that the teeth needed to be filled hurt and he would like to have them fixed. He says that wrote that he had been on the waitlist since 01/12/16. Mr. Cabagua states that on 04/26/17 he had to write another DSR explaining another tooth, that needed to be filled, broke and was in severe pain. He says that on 04/27/17 the doctor was able to save tooth #20, however, tooth #15 had to be extracted because it was not tended to in a timely manner. Mr. Cabagua states that on 02/27/18 he filled out another DSR stating that the teeth that needed to be filled hurt bad and he again was put on the routine waiting list for thirty-four (34) months this time. He says that on 12/14/2020, 01/11/21, 03/15/21 and 04/08/21 he explained in four (4) DSR's that two (2) of his teeth are deteriorating and they hurt, pleading in the DSR that he needed help and didn't want to lose anymore teeth. Mr. Cabagua states that Finally on 04/20/21 he was seen by the Dentist and she explained that the teeth that needed fillings were dead and couldn't be saved, but said that she would try saving one (1) tooth. He says that on 12/14/21 he had his teeth cleaned and the hygienist stated that he had several teeth that needed to be filled, but more importantly his front tooth was cracked, needing to be filled as soon as possible. Mr. Cabagua states that since 12/14/21 he has been putting in DSR's pleading to have his front tooth fixed and his other teeth that need to be filled. He says that</p>		

EXHIBIT 0-1

ICE REPORT
COMPLAINT NUMBER OSCI-2023-2684
***** ICRS CONFIDENTIAL *****

he continues to be ignored and is requesting to have the other five (5) teeth filled before they get infected and have to be extracted. Mr. Cabagua lists the date of incident as 02/15/23, signed this complaint on 02/22/23, and this complaint was received in the Oshkosh Correctional Institution (OSCI) Institution Complaint Examiner (ICE) Office on 02/23/23.

As Mr. Cabagua lists issues concerning his dental care since 07/21/13 until 12/14/21, this examiner will only look at the timeframe from 12/14/21 to the date the complaint was received, as it would pertain to his most recent dental issues and routine waitlist timeframe. The other issues prior to 12/14/21 will not be looked into as those issues are well past the timeframes in DOC 310.07(2) for filing a complaint.

DOC 310.07(2) clarifies that an inmate shall file a complaint within 14 days after the occurrence giving rise to the complaint, and at the discretion of the ICE, a late complaint may be accepted for good cause, and when applicable, the inmate shall request to file a late complaint in the written complaint and explicitly provide the reason for the late filing. The ICE notes that there is no request within this complaint submission to accept this complaint as late; nor is there a reason listed for this late filing.

Health Services Unit Manager (HSUM) Ludwig was contacted to review this complaint and the medical record. Documentation shows that on 12/16/21 a DSR was received and Mr. Cabagua was put on the routine waitlist. He submitted DSR's that were received on the following dates, noting that he was on the routine waitlist: 01/20/22, 02/23/22, 03/28/22 and 05/19/22. On 07/19/22 a DSR was received and Mr. Cabagua was put on the essential list to evaluate severe pain. Mr. Cabagua was seen by Dental on 07/26/22 reporting pain in teeth #9m #13 and #20. 1 BW and 3 PA radiographs were taken and Mr. Cabagua was informed that they would only be focusing on one tooth since it was an emergency appointment. Mr. Cabagua reported that #20 is the worst, reporting it is currently throbbing and it is very sensitive to hot and cold. He said that he took 1000mg of APA, but it doesn't really take away the pain. A radiograph of #21 showed an abscess so extraction was recommended, but Mr. Cabagua refused the extraction and he signed a refusal form. It is noted that Mr. Cabagua noted he would let Dental know when it bothers him bad enough that he wants it extracted.

HSUM Ludwig noted that Mr. Cabagua was placed on the routine list for restorative treatment on 12/16/21 and his presence on the list has been communicated with him. She said that per DAI Policy 500.40.06 Routine Dental Care is to be completed within twelve (12) to eighteen (18) months and his current wait time is within the acceptable period. HSUM Ludwig stated that he will be called based on priority and list order.

Though he says he is being denied appropriate dental care, it is clear from the record no such denial is, nor has taken place. Mr. Cabagua has and continues to be seen by dental staff concerning his problems, and there is no reason to believe his needs are not being met.

ICE REPORT
COMPLAINT NUMBER OSCI-2023-2684
***** ICRS CONFIDENTIAL *****

As the inmate's primary dental provider, their determination to make regarding what course of treatment to pursue. While Mr. Cabagua may not agree with that, or certain other determinations, they have been made based on years of education and experience.

The ICE brings no particular expertise to the task of evaluating any diagnosis and course of treatment initiated by trained dental professionals. No determination can be made with respect to the claims in the complaint, as it is arguably beyond the ICE's authority. Therefore, the ICE will not engage in an evaluation of the quality of care versus the demonstrated need as that discussion lies within the bounds of professional dental discretion. Simply put, Mr. Cabagua's beliefs and opinions as to his dental needs, though undoubtedly voiced to HSU and through the submission of this complaint, are not based upon years of experience and continuous education in the dental field and as evidenced here, do not carry the day when measured against the factual statements and evidence provided by HSUM Ludwig.


As such, it is recommended that this complaint be dismissed. The ICE has no reason to believe that the care and treatment offered to Mr. Cabagua is not adequate to the demonstrated need. In coming to this determination, the ICE relied upon the responses, documentation and professional judgment of the health care staff as noted above.

ICE Recommendation:

Dismissed

Recommendation Date:

03/23/2023



T. Gillingham - Institution Complaint Examiner

REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER OSCI-2023-2684
***** ICRS CONFIDENTIAL *****

To: CABAGUA, MARK D. - #498939
UNIT: _D-SI -- D007-_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged: 02/23/2023

Date Complaint Received: 02/23/2023

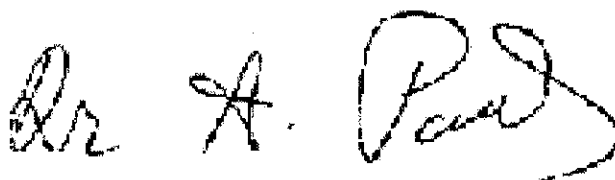
Subject of Complaint: 22 - Dental

Brief Summary: Inadequate dental care

ICE's Recommendation: Dismissed

Reviewer's Decision: Dismissed

Decision Date: 03/28/2023



A. Panos - Reviewing Authority

CC:

Distributed via email

Ludwig, J
pelky, k
hollander, h

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).

Exhibit - P

INTERVIEW/INFORMATION REQUEST
SOLICITUD PARA INFORMACION / ENTREVISTA

Instruction to Inmate: Do not use this form to contact health staff. Use a Health, Dental or Psychological Service Request.

Instrucciones para Reclusos: No utilice este formulario para comunicarse con el personal de cuidados de salud. Utilice una solicitud de servicio de cuidados de salud, dentales o psicológicos.

OFFENDER NAME NOMBRE DEL/LA OFENSOR(A) <i>Mark Cabagua</i>	DOC NUMBER NUMERO DEL/LA OFENSOR(A) <i>498939</i>	LIVING UNIT UNIDAD DE VIVIENDA <i>C15</i>
DATE FECHA <i>10-10-23</i>	WORK ASSIGNMENT ASIGNACION DE TRABAJO <i>NIA</i>	

☐ Interview Entrevista ☒ Information Informacion

STATE REASON FOR INTERVIEW OR SPECIFY INFORMATION REQUESTED
INDIQUE LA RAZON PARA LA ENTREVISTA O ESPECIFIQUE LA INFORMACION QUE SOLICITA

HSU Manager Ludwig, Dr Panos, the DAI Dental Director has agreed that I have not been seen timely for restorative treatment in accordance with policy. Can you please inform me who does scheduling, because C. O'Donnell office of the Secretary has agreed with other inmates, that they also have not been seen in a timely manner. And they submitted a DSR form and were seen the next day. Can you please help me out with this unnecessary pain and suffering I've been having to endure for the last 4 years. Thanks.

(Do Not Write Below This Line) (No Escriba Debajo Esta Linea)

DISPOSITION OF REQUEST DISPOSICION DE LA SOLICITUD

- ☐ You Will Be Interviewed
Usted sera entrevistado
- ☐ Information to Follow
Informacion Sera Proveida
- ☐ Request Referred To:
Solicitud Refereida A:

Date:
Fecha:

Time:
Hora:



Information/Comment:
Informacion/Comentario:

Forward to HSU Management

Re/KK

Mr. Cabagua,

Please provide the date you received a response from Dr. Panos so I may review. - Kelly Kelly, PAFM

*Michael
Milner
RN HSU OSCI*

Signed Firmado

Department Departamento

10/22/23

Exhibit - Q





WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony S. Evers / Secretary Kevin A. Carr

Oshkosh Correctional Institution

Cabagua, Mark D - 498939
UNIT: _D-SI - D007_U
Oshkosh Correctional Institution
P.O. BOX 3530
Oshkosh, WI 54903-3530

05/31/2023
DAI-2023-54149

This is in response to your correspondence received in the Warden's Office on May 23, 2023 regarding your dental concerns.

Per HSU Manager Ludwig your last dental hygiene (cleaning appointment) was November 2, 2021. You were placed on the hygiene list for a 12 month recall. On December 16, 2021, you submitted a dental service request in which you were placed on the routine dental list for filling of a cracked front tooth. You remain on the routine wait list and will be called in order of the routine list. It should be noted you have been seen for essential dental needs as they arise. OSCI was without a dental hygienist and down dentist, thus the wait lists are long. The team is working diligently to see all urgent and routine patients in a timely manner.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl B Eplett", is positioned below the "Sincerely," text.

Cheryl B Eplett
Warden

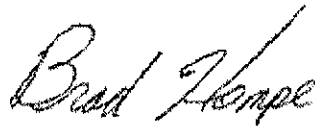
CC: File #498939

CCE REPORT
COMPLAINT NUMBER OSCI-2023-2684
***** ICRS CONFIDENTIAL *****

To: CABAGUA, MARK D. - #498939
UNIT: _D-SI -- D007- _U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	04/05/2023	
Date Appeal Received:	04/05/2023	
Subject of Complaint:	22 - Dental	
Brief Summary:	Inadequate dental care	
Method of Disposition:	Review on Record? <input checked="" type="checkbox"/> Yes	Investigation? <input checked="" type="checkbox"/> No
CCE's Recommendation:	Dismissed Cabagua was placed on routine waiting list on 12/16/21. Per DAI Policy 500.40.06 Routine Dental Care is to be completed within twelve (12) to eighteen (18) months. In agreement with the report of the Institution Complaint Examiner, noting the complaint has been reviewed and decided by the BHS Dental Director, and that the inmate has provided no new information on appeal to warrant recommending overturning that decision, it is recommended this appeal be dismissed.	
Recommendation Date:	04/14/2023	



B. Hompe - Corrections Complaint Examiner

ICE RECEIPT
COMPLAINT NUMBER OSCI-2023-2684
***** ICRS CONFIDENTIAL *****

To: CABAGUA, MARK D. - #498939
UNIT: _D-SI -- D007-_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	02/23/2023
Date Complaint Received:	02/23/2023
Subject of Complaint:	22 - Dental
Brief Summary:	Inadequate dental care

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

Please write to the ICE if this issue is resolved before you receive an answer.

CCE RECEIPT
COMPLAINT NUMBER OSCI-2023-2684
***** ICRS CONFIDENTIAL *****

To: CABAGUA, MARK D. - #498939
UNIT: _D-SI -- D007-_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	04/05/2023
Date Appeal Received:	04/05/2023
Subject of Complaint:	22 - Dental
Brief Summary:	Inadequate dental care

Your request for review has been received.

The Corrections Complaint Examiner (CCE) has 35 days to submit a recommendation to the Office of the Secretary (OOS) for Review. The OOS has 45 days to make a decision after receiving the CCE's report. The OOS may extend the time for making a decision for cause and upon notice to all interested parties.

If you do not receive a decision or other notices within that time, you may write directly to:

Secretary of the Department of Corrections
Post Office Box 7925
Madison, WI 53707-7925

EXHIBIT-U

INTERVIEW / INFORMATION REQUEST SOLICITUD PARA INFORMACION / ENTREVISTA

I Request This Interview ☐ Information ☐
Solicito esta Entrevista ☐ Información ☐

Reason Razón: Over seven months ago, I had my teeth cleaned, and the hygienist stated that my front teeth needed to be filled as soon as possible. I also explained that my other teeth that needed to be filled never got filled. Can you please help me out with this issue? I don't want to lose my front teeth, or any other teeth. I will gladly take the spot of someone that cancels their appointment.

Name/Nombre MARK CABACUNA

Number/Número 498437 RECEIVED

Assignment/Asignación See MAY 09 2022

Housing/Vivienda ID OSC-HSU

DO NOT WRITE BELOW THIS LINE/NO ESCRIBA DEBAJO DE LA LINEA

Name
Nombre _____ No. _____ Date
Fecha _____

Information Requested/Información que Solicita

on leaf let.

We are shed stopped

5-18-22

You will be interviewed ☐ Signed [Signature]
Sera entrevistado ☐ Firmado
Will not be interviewed ☐ Dept. _____
No sera entrevistado ☐

EXHIBIT-V

OFFICE OF SECRETARY DECISION
COMPLAINT NUMBER OSCI-2022-17207
***** ICRS CONFIDENTIAL *****

To: ANDERSON, JACOB T. - #701794
UNIT: _D-S1 -- D024-_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	01/04/2023
Date Appeal Received:	01/03/2023
Subject of Complaint:	22 - Dental
Brief Summary:	not being seen by dental
Person(s) Contacted:	Dental Director, BHS Director, DAI Administrator, OOS
OOS Decision:	Affirmed
Decision Comments:	<p>The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 01/18/2023 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is not accepted as the decision of the Secretary. The decision is to AFFIRM this appeal.</p> <p>Per DAI policy 500.40.21 - Dental Performance Data and Dashboard Management, the wait times for services are as follows:</p> <p>Urgent 24 hours (working days) from receipt of DSR (72 hours (working days) for facilities without full-time dentist) Essential-Routine 8 Weeks Routine- Routine 40 Weeks Prosthetic-Routine 52 Weeks (from completion of pre-prosthetic treatment) Hyg-Initial Request 52 Weeks Hyg-Recall 8 Weeks Hyg-Chronic 8 Weeks</p> <p>The complainant was placed on the hygiene and routine list on October 13, 2021. Policy states he will be seen within 40 weeks for routine and 52 weeks for hygiene. It was confirmed with the Dental Director that the complainant has still not been seen. Suspension of the administrative rules does not apply to the provision of medical or dental care. Copy to the Bureau of Health Services Director for review and appropriate action.</p>

Decision Date: 02/10/2023

DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY

PRINT LAST NAME

Anderson

PRINT FIRST NAME

Jacob

DOC NUMBER

701794

FACILITY NAME

OSCI

HOUSING UNIT

D

TODAY'S DATE

2-13-23

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- | | | |
|---|---|---|
| <input type="checkbox"/> ANNUAL EXAM/X-RAYS | <input type="checkbox"/> FILLING | <input type="checkbox"/> EXTRACTION (Tooth Pulled) |
| <input type="checkbox"/> DENTURES (False Teeth) | <input type="checkbox"/> TEETH CLEANING | <input type="checkbox"/> MEDICATION |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> DENTAL RECORD REVIEW | <input type="checkbox"/> COPIES FROM DENTAL RECORD (List records below) |
| <input type="checkbox"/> OTHER: | | |

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

I received my ICE from madison that state I was suppose to be seen within 52 weeks My teeth are causing me pain Administrative codes suspension does not apply to Medical or dental per Madison Can I please be seen

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
- ☐ Urgent Appointment Made
- ☐ Essential Wait List - Approx. Wait Time to end pain
- ☐ Routine Wait List - Approx. Wait Time
- ☐ Denture Routine Wait List - Approx. Wait Time
- ☐ Teeth Cleaning Wait List - Approx. Wait Time
- ☐ Request Forwarded to:
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU:

Seen by (initials):

Medications given, if any:

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

you are on fillings list. need
Please bring your copy of the T.C.E

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WISCONSIN

MARK D. CABAGUA,

Plaintiff,

v.

Case No. _____

CHERYL EPPLIT, et al.,

Defendants.

DECLARATION UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

I Lee A Brown was placed on the routine wait list pursuant to DAI Policy 500. 40. 21, for restorative treatment. I have not been seen within the 40 week period prescribed by DAI Policy.

Executed on this 20th day of December, 2023.

Respectfully submitted,

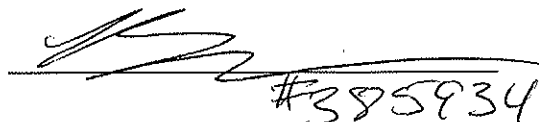

#385934

Exhibit-Y

DENTAL SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ↵

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

DENTAL SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received.

- ☐ ANNUAL EXAM/X-RAYS
☐ DENTURES (False Teeth)
☐ INFORMATION
☐ OTHER:

- ☒ FILLING
☐ TEETH CLEANING
☐ DENTAL RECORD REVIEW

- ☐ EXTRACTION (Tooth Pulled)
☐ MEDICATION
☐ COPIES FROM DENTAL RECORD (List records below).

Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately.

The area where my last tooth was extracted
continues to bleed. Also my other teeth
that need to be filled hurt.

DATE RECEIVED:
TO BE STAMPED BY DSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY

RESPONSE

- ☐ Treated Today
☐ Urgent Appointment Made
☒ Essential Wait List - Approx. Wait Time
☒ Routine Wait List - Approx. Wait Time
☐ Denture Routine Wait List - Approx. Wait Time
☒ Teeth Cleaning Wait List - Approx. Wait Time
☐ Request Forwarded to:
☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)

post op
eval and
pain

TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE

Date seen in HSU:

Seen by (initials):

Medications given, if any:

Co-payment charged by HSU: ☐ Yes ☐ No

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF DSU RESPONSE

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF WISCONSIN

MARK D. CABAGUA,

Plaintiff,

v.

Case No. 24-C-22

CHERYL EPLETT, et al.,

Defendants.

DECLARATION UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Karl Landt

hereby declares:

I was placed on the routine wait list pursuant to DAI Policy 500. 40. 21 for restorative treatment. I was not seen within the 40 week period prescribed by DAI Policy. Due to the delay, I had to have my tooth extracted.

Executed on this 10th day of January, 2024.

Respectfully submitted,

Karl Landt

EXHIBIT Z-2